

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115294

1. Entity Name  
FIRST TOWER LLC



FILED

07 MAY 25 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2665 S. BAYSHORE DRIVE, STE. 703  
MIAMI, FL 33133

Mailing Address  
% RICHARDS P.A.  
2665 S. BAYSHORE DRIVE, STE. 703  
MIAMI, FL 33133

*[Handwritten Signature]*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-3873909

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DRIVE, STE. 703  
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME RICHARDS, TIMOTHY D  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, STE. 703  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
NAME 900103894519  
STREET ADDRESS 06/05/07--01015--001 \*\*\*700.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Timothy D. Richards

4/9/07

(305) 858-9900

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #