

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001109

Entity Name: TOWERS B310, LLC

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 20-4037272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPES, PAUL
1601 BELVEDERE ROAD,
SUITE 407 SOUTH
WEST PALM BEACH,, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASARCH, GAIL
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH,
City-St-Zip: WEST PALM BEACH,, FL 33406 US

Title: MGRM () Delete
Name: MEYER, WILLIAM
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH,
City-St-Zip: WEST PALM BEACH,, FL 33406 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASARCH, GAIL M
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH,
City-St-Zip: WEST PALM BEACH,, FL 33406 US

Title: MGRM (X) Change () Addition
Name: MEYER, WILLIAM A
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH,
City-St-Zip: WEST PALM BEACH,, FL 33406 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: PAUL MAPES

RA

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date