

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90156 045 ****50.00

DOCUMENT # L06000037051

1. Entity Name

TOWER LAND, LLC



Principal Place of Business

600 OLD FEDERAL HIGHWAY
HALLANDALE BEACH FL 33009

Mailing Address

600 OLD FEDERAL HIGHWAY
HALLANDALE BEACH FL 33009



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4712414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANAN, BENJAMIN R
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name DIXON B. PERRY-SMITH JR.

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

600 OLD FEDERAL HWY.

City HALLANDALE BEACH

FL

Zip Code 33009

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 Dixon B. Perry-Smith Jr.

DIXON B. PERRY-SMITH JR.

5 MARCH 2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PERRY-SMITH, ELEANOR
STREET ADDRESS 600 OLD FEDERAL HIGHWAY
CITY-STATE-ZIP HALLANDALE BEACH FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE Eleanor Perry-Smith ELEANOR PERRY-SMITH

5 MARCH 2007 954-456-4019

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

DATE

DAYTIME PHONE #