


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90189 002 \*\*\*138.75

DOCUMENT # L06000061301

1. Entity Name  
 TOWER POWER THREE, LLC



Principal Place of Business      Mailing Address  
 1395 BRICKELL AVENUE      1395 BRICKELL AVENUE  
 SUITE 900      SUITE 900  
 MIAMI, FL 33131 US      MIAMI, FL 33131 US

60042249



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 370 Minorca Ave      370 Minorca Ave  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04252008    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
 Coral Gables FL      Coral Gables FL  
 33134      USA      33134      USA

4. FEI Number      Applied For  
 20-5068267      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PERDIGON, SCOTT J ESQ.  
 9100 SOUTH DADELAND BOULEVARD  
 SUITE 1701 - PH1  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent  
 Name Ximena Berrios  
 Street Address (P.O. Box Number is Not Acceptable)  
 370 minorca Ave  
 City Coral Gables FL 33134

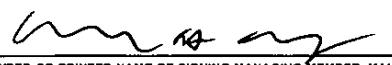
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Ximena Berrios      DATE 4.24.08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HOLLY, WILLIAM<br>1395 BRICKELL AVENUE, SUITE 900<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 370 minorca Ave<br>Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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.

SIGNATURE:       DATE 4.24.08      DAYTIME PHONE 3057550324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #