

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107339

FILED
Jan 22, 2007
Secretary of State

Entity Name: A STRONG TOWER, LLC

Current Principal Place of Business:

9308 SW 102ND TERRACE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5745 SW 75TH STREET
#346
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-5864106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, BRIAN D III
9308 SW 102ND TERRACE
GAINESVILLE, FL 32608 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: POLLARD, BRIAN D III
Address: 9308 SW 102ND TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: MCNEIL, OUIDA Y
Address: 9308 SW 102ND TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: SEAWRIGHT, STEPHANIE R
Address: 9308 SW 102ND TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE SEAWRIGHT

MGRM

01/22/2007

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