


LIMITED LIABILITY COMPANY
ANNUAL REPORT

For Office Use Only
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DOCUMENT # L06000110625 1. Entity Name FOUR TOWERS # 2, LLC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 30 PM 1:16

CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box # 5600 SW 135 AVENUE Suite, Apt. #, ect. SUITE 210 City & State Miami FLORIDA Zip 33183 Country US	3. Mailing Address 5600 SW 135 AVENUE Suite, Apt. #, ect. SUITE 210 City & State Miami, FLORIDA Zip 33183 Country US	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fees Required		6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fees Required

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7. Name and Address of Current Registered Agent Name FOUR TOWERS RA, LLC. Street Address (P.O. Box Number is Not Acceptable) 5600 SW 135 AVENUE SUITE 210 City Miami FL Zip Code 33183	
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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 *Luis S. Torres* **Luis S. Torres** 06/30/2011 DATE

January 1 - May 1, Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State
E-mail Address: _____
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. FOUR TOWERS ENTERPRISES, LP. 5600 SW 135 AVENUE SUITE 210 MIAMI, FLORIDA 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. **000207761910**
06/17/01 01008 025 \$138.75
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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 808, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.05, s.
SIGNATURE: *Luis S. Torres* **Luis S. Torres** 06/30/2011 DATE