


LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # LOG 00011062B 1. Entity Name FOUR TOWERS #5, LLC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 30 PM 1:14

CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box # 5600 SW 135 Avenue	3. Mailing Address 5600 SW 135 Avenue	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, ect. Suite 210	Suite, Apt. #, ect. Suite 210	5. Certificate of Status Desired <input type="checkbox"/> \$5,000 Additional Fee Required	
City & State Miami Florida	City & State Miami, Florida		
Zip 33183	Country US		

6. DO NOT WRITE IN THIS SPACE	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	
	City Miami	Zip Code FL 33183

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: *Wis S. Torres* DATE: **06/30/2011**

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	MGRM FOUR TOWERS ENTERPRISES LP 5600 SW 135 Avenue suite 210 Miami FL 33183
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

10. **700207762367**
05/17/11 01009 009 \$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 609, 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 917.155, FS.

SIGNATURE: *Wis S. Torres* DATE: **06/30/2011**

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