


**LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

For Office Use Only  
 DO NOT WRITE IN THIS SPACE

DOCUMENT # **L06000110630**  
 1. Entry Name  
**Four towers # 7, LLC.**



**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 11 JUN 30 PM 1:14

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2. Principal Place of Business - No P.O. Box # <b>5600 SW 135 Avenue</b>		3. Mailing Address <b>5600 SW 135 Avenue</b>	
Suite, Apt. #, ect. <b>Suite 210</b>		Suite, Apt. #, ect. <b>Suite 210</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, FL</b>	
Zip <b>33183</b>	Country <b>US</b>	Zip <b>33183</b>	Country <b>US</b>

CR2E083B (1/11)

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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <b>Four Towers RA, LLC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5600 SW 135 Avenue</b>	
<b>Suite 210</b>	
City <b>Miami</b>	FL Zip Code <b>33183</b>

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: *[Signature]* **Wis stores** DATE: **06/30/2011**

January 1 - May 1 Fee is \$138.75  
 After May 1, Fee is \$538.75  
 Amended AR is \$60.00  
 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	<b>MGRM FOUR TOWERS ENTERPRISES LP 5600 SW 135 Avenue Suite 210 Miami Florida 33183</b>
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**300207162223**  
**05/17/11 01009 005 \$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 508, 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 281.145, F.S.  
 SIGNATURE: *[Signature]* **Wis stores** DATE: **06/30/2011**