


**LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

For Office Use Only  
 DO NOT WRITE IN THIS SPACE

DOCUMENT # **L06000110631**  
 1. Entity Name  
**Four Towers # 3, 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  
**5600 SW 135 Avenue**  
 Suite, Apt. #, ect.  
**Suite 210**  
 City & State  
**Miami Florida**  
 Zip Country  
**33183 US**

3. Mailing Address  
**5600 SW 135 Avenue**  
 Suite, Apt. #, ect.  
**Suite 210**  
 City & State  
**Miami, Florida**  
 Zip Country  
**33183 US**

CR2E0838 (1/11)

4. FEI Number  Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent  
 Name **FOUR TOWERS RA, LLC**  
 Email 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 *[Signature]* **Wis S. Torres 06/30/2011**  
Signature, typed or printed name of registered agent and date of signature DATE

January 1 - May 1, Fee is \$138.75  
 After May 1, Fee is \$538.75  
 Amended AR is \$50.00

E-mail Address:

Make Checks Payable to Florida Department of State

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | <b>MGRM</b>                         |
| NAME           | <b>FOUR TOWERS ENTERPRISES, LP</b>  |
| STREET ADDRESS | <b>5600 SW 135 Avenue Suite 210</b> |
| CITY, ST, ZIP  | <b>Miami, FL 33183</b>              |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY, ST, ZIP  |                                     |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY, ST, ZIP  |                                     |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY, ST, ZIP  |                                     |

10. **900207762189**  
**05/17/11 01009 004\$ 138.75**

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 817.153.  
 SIGNATURE: *[Signature]* **Wis S. Torres 06/30/2011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE