

**LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

For Office Use Only
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DOCUMENT # L06000110632
 1. Entity Name
Four Towers # 9, LLC



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

11 JUN 30 PM 1:16

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
5600 SW 135 Avenue
 Suite, Apt. #, etc. Suite 210
 City & State Miami, Florida
 Zip 33103 Country US

3. Mailing Address
5600 SW 135 Avenue
 Suite, Apt. #, etc. Suite 210
 City & State Miami, Florida
 Zip 33103 Country US

CR2E083B (1/11)

4. FEI Number _____ Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

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
Suite 210
 City Miami FL Zip Code 33103

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, the registered agent.
 SIGNATURE [Signature] Wis S. Torres DATE 06/30/2011

January 1 - May 1, Fee is \$138.75
 After May 1, Fee is \$638.76
 Amended AR is \$50.00

E-mail Address: _____

Make Check Payable to Florida Department of State

To be used for future Annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>MGRM</u>
NAME	<u>FOUR TOWERS ENTERPRISES, LP.</u>
STREET ADDRESS	<u>5600 SW 135 Avenue, Suite 210</u>
CITY, ST, ZIP	<u>Miami FLORIDA 33103</u>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

10. 400207762/34
05/17/11 01009 03 \$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 608, 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.817.155, F.S.
 SIGNATURE: [Signature] Wis S. Torres DATE 06/30/2011