2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90225 038 ***138.75

DOCUMENT # L07000020489

1. Entity Name
TOWER DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
2655 LEJEUNE RD 1110 CORAL GABLES, FL 33134	2655 LE JEUNE RD 1110 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
955 West 74 ST	955 West 74 St
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: 103
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33014 / Country: Dade	Zip: 33014 / Country: DADE

01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 02-0707096 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, RAFAEL N 2655 LEJUENE RD 1110 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, RAFAEL N 2655 LEJUENE RD, SUITE 1110 MIAMI, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ 3/529-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #