


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 2655 LEJUNE RD 1110 CORAL GABLES, FL 33134	Mailing Address 2655 LEJUNE RD 1110 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 915 West 74 St	3. Mailing Address 915 West 74 St
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State Hialeah FL	City & State Hialeah FL
Zip 33014	Country DADE

01032008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

GOMEZ, RAFAEL N
2655 LEJUENE RD
1110
CORAL GABLES, FL 33134

4. FEI Number
02-0707096

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (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
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **3/5/29-2408**

SIGNATURE AND TITLE OF PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #