

**LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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DOCUMENT # **L07000042184**
 1. Entry Name
Four towers RA, 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. #, etc.
Suite 210
 City & State
Miami FLORIDA
 Zip
33183
 Country
US

3. Mailing Address
5600 SW 135 AVENUE
 Suite, Apt. #, etc.
Suite 210
 City & State
Miami FLORIDA
 Zip
33183
 Country
US

CR2E083B (1/11)

4. FEI Number Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent
 Name
NRAI SERVICES, INC
 Street Address (P.O. Box Number is Not Acceptable)
515 E. PARK AVENUE
 City
TALLAHASSEE FL Zip Code
32301

8. The above is true and correct 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 obligation of this statement.
 SIGNATURE _____ DATE _____

January 1 - May 31 fee is \$138.75
 After May 31, Fee is \$538.75
 Amended AR is \$50.00
 Make Check Payable to Florida Department of State
 E-mail Address: _____
 To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT
NAME	TORRES, LUIS
STREET ADDRESS	5600 SW 135 AVENUE suite 210
CITY-ST-ZIP	Miami FLORIDA 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. **900201762839**
05/17/11 01009 018 \$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. 817.34.
 SIGNATURE: **Luis S. Torres** **06/30/2011**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE