

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090321

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** SKYTOWER PROPERTIES, LLC

**Current Principal Place of Business:**

C/O CONAL FOLEY 3834 W.PLATT ST.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CONAL FOLEY 3834 W.PLATT ST.  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 27-0213171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, CHERISH  
2403 BRIGADOON DR.  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FOLEY, CONAL O  
**Address:** 3834 W.PLATT ST.  
**City-St-Zip:** TAMPA, FL 33609

**Title:** MGRM  
**Name:** FOLEY, ELIZABETH D  
**Address:** 3834 W.PLATT ST.  
**City-St-Zip:** TAMPA, FL 33609

**Title:** MGRM  
**Name:** FOLEY, EVAN M  
**Address:** 501 KNIGHTS RUN AVE.  
**City-St-Zip:** TAMPA, FL 33620

**Title:** MGRM  
**Name:** FOLEY, ALLISON E  
**Address:** 3834 W.PLATT ST.  
**City-St-Zip:** TAMPA, FL 33609

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CONAL FOLEY

MGRM

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date