LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT # L09000099866

1. Entity Name

Four Towers # 18, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 30 PM 1:14

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CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5600 SW 135 Avenue	5600 SW 135 Avenue
Suite, Apt. #, ect. Suite 210	Suite, Apt. #, ect. Suite 210
City & State Miami, Florida	City & State Miami, Florida
Zip 33183 Country US	Zip 33183 Country US

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: Four Towers RA, LLC

Street Address (P.O. Box Number is Not Acceptable): 5600 SW 135 Avenue

Suite 210

City: Miami FL Zip Code: 33183

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: Luis S. Torres 06/30/2011
Signature, typed or printed name of registered agent and title if applicable — DATE

January 1 - May 1 Fee is $138.75
After May 1, Fee is $568.75
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	MGRM
NAME	Four Towers Enterprises, LP
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	
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NAME	
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CITY-ST-ZIP	

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05/17/11 01009 002 $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 605, 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: Luis S. Torres 06/30/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

B Tadlock JUL 01 2011