


### LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>L 090000 99 869</b> 1. Entity Name <b>Four Towers # 19, LLC</b>	
---	---

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

**DO NOT WRITE IN THIS SPACE**

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

CR2E0338 (1/11)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	<b>Four Towers RA, LLC</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>5600 SW 135 Avenue suite 210</b>	
City	<b>FL</b>	Zip Code <b>33183</b>

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* **Luis S. Torres** **06/30/2011**

January 1 - May 1, Fee is \$138.75  
After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FOUR TOWERS ENTERPRISES, LP 5600 SW 135 Avenue Suite 210 Miami, Florida 33183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. **200207762802**  
**05/17/11 01009 017 \$138.75**

**DO NOT WRITE IN THIS SPACE**

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 606, 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.817.165, F.S.

SIGNATURE: *Luis S. Torres* **Luis S. Torres** **06/30/2011**