

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118407

Entity Name: TOWER POINT GP, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5025 S US HWY 17/92  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

5025 S US HWY 17/92  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 87-0696367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COSTOLO, W. TERRY ESQ  
GRAYROBINSON, P.A.  
301 W PINE ST - STE 1400  
ORLANDO, FL 32801 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: GP  
Name: WOOTEN, DAVID  
Address: 5025 S US HWY 17/92  
City-St-Zip: CASSELBERRY, FL 32707

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: DAVID WOOTEN

PRES

04/21/2010

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