2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000058

1. Entity Name
GENERAL TOWER, LIMITED COMPANY

Principal Place of Business	Mailing Address
7800 W. OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351	7800 W. OAKLAND PARK BLVD. BLDG. G SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

03022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0885773

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
7800 W. OAKLAND PARK BLVD. BLDG. G
SUNRISE, FL 33351

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000079999
03/08/04-80091-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LETENDRE, LEON
STREET ADDRESS	ROUTE NATIONAL 1, P.O. BOX 15358
CITY-ST-ZIP	DAMIEN, PORT AU PRINCE,HAITI,
TITLE	MEM
NAME	ALKIRE, JOEL S
STREET ADDRESS	5230 S.E. 114TH PLACE
CITY-ST-ZIP	BELVIEW, FL 34420
TITLE	MEM
NAME	HILTON, JAMES P
STREET ADDRESS	2999 BLUFFTON COVE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MEM
NAME	DUQUE, ANTONIO
STREET ADDRESS	15720 S.W. 252ND STREET
CITY-ST-ZIP	MIAMI, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ Leon Letendre Mgr. 3/2/04 (954)749-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #