

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000058

1. Entity Name
GENERAL TOWER, LIMITED COMPANY



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

Mailing Address
7800 W. OAKLAND PARK BLVD. BLDG. G
SUNRISE, FL 33351



03082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LEON LETENDRE

3-11-05

Date

954-749-8802

Daytime Phone #