## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Mar 05, 2007 08:00 Al DOCUMENT # L99000003959 t. Entity Name **Secretary of State** TOWANDA MANAGEMENT COMPANIES, L.L.C. Principal Place of Business Mailing Address 528 HARDEE ROAD CORAL GABLES FL 33146 **528 HARDEE ROAD** CORAL GABLES FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, ctc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For 4. FEI Number City & State City & State 65-0933385 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo MURARO, ELIZABETH M Street Address (P.O. Box Number is Not Acceptable) **528 HARDEE ROAD** CORAL GABLES FL 33146 Zip Code FI 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 registerod agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. BBT Change ☐ Addition HHE MGR Delete 000000655182 NAME NAM MURARO, ELIZABETH M 03/13/07-80096-018 50.00 STREET ADDRESS STREET ADDRESS **528 HARDEE ROAD** CHTY ST 7IP CITY SI-70 CORAL GABLES FL 33146 ☐ Change Addition mu ☐ Delete HILE NAM STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY ST ZIP ☐ Addition #11E HTEE Change Delete STREET ADDRESS STREET ADDRESS CHY SE 78P CITY ST-207 Addition Change nneIIII ☐ Delete NAME NAME SHELL ADDRESS STREET ADDRESS CITY SI ZIP CITY ST ZIP ☐ Delete mir Addition Addition ш NAM NAML SIRLELADORESS STRUCT ADDRESS CITY-ST-7/P CITY-ST ZIP 11111 Defete MILLE Chance Addition NAME NAME STREET ADDRESS SIREFT ADDRESS CITY ST 7/P CITY-S1-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

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

Daytima Phone #

Date