

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90036 040 ****50.00

DOCUMENT # M00000002251

1. Entity Name
AET TOWERS, LLC



Principal Place of Business
**650 MADISON AVE., 17TH FLOOR
NEW YORK, NY 10022**

Mailing Address
**7270 NW 12TH STREET
#2
MIAMI, FL 33126 US**

20019711



02092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
1150 NW 72nd Avenue

3. Mailing Address
1150 NW 72nd Avenue

Suite, Apt. #, etc.
Suite 620

Suite, Apt. #, etc.
Suite 620

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
US

Zip
33126

Country
US

4. FEI Number
65-1050044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LIHAN, THOMAS A
2808 N.E. 24TH COURT
FORT LAUDERDALE, FL 33305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SANTOLLA, STEVEN A
2800 N.E. 26TH COURT
FORT LAUDERDALE, FL 33306** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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TITLE
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANAGER THOMAS A. LIHAN

2/10/05

(904) 477-6266

Date

Daytime Phone #