

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003193

1. Entity Name
BROOKWOOD CITITOWER CO., LLC



Principal Place of Business

**50 DUNHAM RD.
BEVERLY, MA 01915**

Mailing Address

**50 DUNHAM RD.
BEVERLY, MA 01915**

DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1161770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRKLA, THOMAS N
STREET ADDRESS	55 TOZER ROAD
CITY- ST- ZIP	BEVERLY, MA 01915
TITLE	MGRM
NAME	BROWN, THOMAS W
STREET ADDRESS	55 TOZER ROAD
CITY- ST- ZIP	BEVERLY, MA 01915
TITLE	MGRM
NAME	MAEL, JOEL A
STREET ADDRESS	1350 AVENUE OF THE AMERICAS, STE. 2701
CITY- ST- ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

4/23/04
Date

978-927-8300
Daytime Phone #

Thomas N. Trkla