2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2005 08:00 AM **Secretary of State DOCUMENT # P99000041498** 1. Entity Name TOWER REALTY PARTNERS, INC. Principal Place of Business Mailing Address 2603 MAITLAND CENTER 2603 MAITLAND CENTER SUITE B SUITE B MAITLAND, FL 32751 MAITLAND, FL 32751 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3576795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERMAN, REID DO NOT WRITE 2603 MAITLAND CENTER HWY MAITLAND, FL 32751 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP BERMAN, REID STREET ADDRESS 2603 MAITLAND CENTER PKWY, STE B MAITLAND, FL 32751 CITY-ST-ZIP U000001273789 DV 03/23/05-80042-014 158.75 STEIN, CLIFFORD L STREET ADDRESS 2603 MAITLAND CENTER PKWY, STE B MAITLAND, FL 32751 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 of suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JATURE AND THE DESTRUCTION AME OF SIGNING OFFICER OF DIRECTOR

3-11-03

659-0120

FILED