


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022209 1. Entity Name BAUSCH AMERICAN TOWERS, LLC	
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Principal Place of Business 6800 S.W. JACK JAMES DR. STUART, FL 34997	Mailing Address 6800 S.W. JACK JAMES DR. STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0550438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAUSCH, C. TIMOTHY
6800 SW JACK JAMES DR
STUART, FL 34997**

**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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000000107
03/08/04-80096-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUSCH, C. TIMOTHY 6800 SW JACK JAMES DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACOMBE, DOMINICK 6800 SW JACK JAMES DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOUEST, DINO 6800 SW JACK JAMES DR STUART, FL 34997
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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)(f), 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:  **3-4-04** **772-283-2771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #