


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # M04000001640</b> 1. Entity Name <b>PINNACLE TOWERS III LLC</b>		
Principal Place of Business <b>301 NORTH CATTLEMAN ROAD, SUITE 300          SARASOTA, FL 34232</b>		Mailing Address <b>301 NORTH CATTLEMAN ROAD, SUITE 300          SARASOTA, FL 34232</b>
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
<b>6. Name and Address of Current Registered Agent</b>		
<b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>		Name  Street Address  City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
<b>Filing Fee is \$50.00          Due by May 1, 2005</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>BLOMMER, CAMILLE</b> 301 NORTH CATTLEMAN ROAD, SUITE 300 SARASOTA, FL 34232 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.04(1)(b) of the Florida Statutes, and that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were an individual.		
SIGNATURE: <u><i>Camille Blommer</i></u> <b>Camille Blommer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		