## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # M0400001640** 04-27-2005 90019 014 \*\*\*\*50.00 1. Entity Name PINNACLE TOWERS III LLC Principal Place of Business Mailing Address 301 NORTH CATTLEMAN ROAD, SUITE 300 301 NORTH CATTLEMAN ROAD, SUITE 300 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FFI Number 20-0997428 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR member TITLE ☐ Delete TITLE Addition Pinnacle Towers LLC NAME BLOMMER, CAMILLE MAME 301 N Cattle men Rd suite 300 301 NORTH CATTLEMAN ROAD, SUITE 300 STREET ADDRESS STREET ADDRESS Fr CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP 34232 Sarasota TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete JITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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. Camille Blommer

**FILED** 

941-364-8886