

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004213

FILED
Apr 30, 2009
Secretary of State

Entity Name: CROWN CASTLE TOWERS 05 LLC

Current Principal Place of Business:

1220 AUGUSTA DRIVE
SUITE 500
HOUSTON, TX 77057

New Principal Place of Business:

Current Mailing Address:

1220 AUGUSTA DRIVE
SUITE 500
HOUSTON, TX 77057

New Mailing Address:

FEI Number: 20-3081851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DCEO () Delete
Name: MORELAND, W. BENJAMIN
Address: 1220 AUGUSTA DRIVE
City-St-Zip: HOUSTON, TX 77057

Title: DEVP () Delete
Name: HAWK, E. BLAKE
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: EVC () Delete
Name: KELLY, JOHN P
Address: 2000 CORPORATE DRIVE
City-St-Zip: CANONSBURG, PA 15317

Title: S () Delete
Name: REID, DONALD J JR.
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: DCFO () Delete
Name: BROWN, JAY A
Address: 1220 AUGUSTA DRIVE, SUIT 500
City-St-Zip: HOUSTON, TX 77057

Title: AS () Delete
Name: HOWELL, LYNN
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: UVA, VICTOR A
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUVA, KENNETH J
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN HOWELL, ASSISTANT SECRETARY

ASTS

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date