

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001674

**FILED**  
**Jan 31, 2008**  
**Secretary of State**

**Entity Name:** TOWER TECHNOLOGY COMPANY OF JACKSONVILLE LLC

**Current Principal Place of Business:**

301 NORTH CATTLEMEN ROAD, SUITE 300  
SARASOTA, FL 34232

**New Principal Place of Business:**

1220 AUGUSTA DRIVE  
SUITE 500  
HOUSTON, TX 77057

**Current Mailing Address:**

301 NORTH CATTLEMEN ROAD, SUITE 300  
SARASOTA, FL 34232

**New Mailing Address:**

1220 AUGUSTA DRIVE  
SUITE 500  
HOUSTON, TX 77057

**FEI Number:** 20-0997489

**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:** MGRM ( ) Delete  
**Name:** PINNACLE TOWERS LLC,  
**Address:** 301 NORTH CATTLEMEN ROAD, SUITE 300  
**City-St-Zip:** SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PINNACLE TOWERS LLC,  
**Address:** 1220 AUGUSTA DRIVE, SUITE 500  
**City-St-Zip:** HOUSTON, TX 77057

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

01/31/2008

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