2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 29 PM 1:16

DOCUMENT # A99000000019

1. Entity Name

Edison Towers Associates, Ltd.

Principal Place of Business	Mailing Address
1717 N.Bashore Dr. Suite 2700 Miami, Florida 33132	1717 N. Bayshore Dr. Suite 2700 Miami, Florida 33132

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Wolfe, Leon J. 100 SE 2nd Street, Suite 3500 Nationsbank Tower at Int'l. Place Miami, FL 33131-2130	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$100.00	[illegible]

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000000462	STREET ADDRESS	
NAME	Peninsula Edison Towers, Inc.	CITY-ST-ZIP	400003161464--3
STREET ADDRESS	1717 N.Bayshore Dr., Ste 2700		03/07/00 01105 001
CITY-ST-ZIP	Miami, FL 33132-		****158.75 ****158.75
DOCUMENT #		STREET ADDRESS	
NAME	3K		
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME	2/29/01		
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 02/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #