2001 UNIFORM BUSINESS REPORT (UBR)

A99000000019

DOCUMENT # A99000000019

FILED
01 FEB 26 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
EDISON TOWERS ASSOCIATES, LTD.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
555 N.E. 15th Street	Same as #2
Suite, Apt. #, etc. Suite #213	Suite, Apt #, etc.
City & State Miami, FL	City & State
Zip 33132 Country USA	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

Leon J. Wolfe, Esq.
100 S.E. 2nd Street, Suite 3500
Nationsbank Tower at Int'l Place
Miami, FL 33131-2130

7. Name and Address of New Registered Agent

Name: REGISTERED AGENTS OF FL, LLC
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. Second Street
Suite 3500
City: Miami FL Zip Code: 33131-2130

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 ______ V.P. 2/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

[redacted]

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000000402 Peninsula Edison Towers, INc. 555 N.E. 15th St., #213 Miami, FL 33132	STREET ADDRESS CITY-ST-ZIP	
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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: ______ 2/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #