2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Independent On, STE 1600 JACKSONNLE R, 2002 2. Principal Place of Business Suite, Apt. #, etc. Su	DOCUMENT # L0000002095 1. Entity Name TOWERCOM WEST COAST, L.L.C.						FILED					
1. NADEPRINDENT DR. STE. 1800 JACKSON/ILLE FL 32202 2. Principal Place of Business Suite, Apr. 4, etc. City & State Street Address (PO. Box Number is Not Acceptable)							01 APR 23 PM 5: 23					
2. Principal Place of Business Suto, Apt. #, etc. Suto, Apt. #, etc. City & State Applied For Cartery S. Certificate of Status Desired Street Address (P.O. Box Numbers in Not Acceptable) Street Addres							Ta	SECRETARY OF ALLAHASSEE,	STATE / FLORIDA		,	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE								I I ddiedii Cii de isi ed isi ad iii)(
City & State Ci	2. Principal Place of Busin	3. Mailing Address	ess			-						
Special Country Special Co	Suite, Apt. #, etc:	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Stock Address of Current Registered Agent St. Certificate of Status Desired \$5.00 Additional Fee Requirement St. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name Street Address (P.O. Box Number is Next Acceptable) St. Name St	City & State	City & State				4. FEI Number Applied For Sq. 31e 38411 Applied For Not Applied For						
S. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Signature, Spend or project reare of registered agent, or both, in the State of Florida. SIGNATURE Signature, Spend or project reare of registered agent and also it applicable. PRILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES SIRET ADDRESS OTH-51-2P TILE NAME SIRET ADDRESS OTH-51-2P TILE Delete	Zip Country		Zip Cour		ntry		5. Certif		□ \$	5.00 Add	litional	
SHIELDS, DAVID R 1 INDEPENDENT OR, STE. 1600 JACKSONVILLE FL 32202 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 Spation, year or privat name of registered agent and the Facilitative (NOTE: Registered Agent agreeting season of State) P. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NOW: III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NOW: III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NOW: III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NOW: III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NOW: III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MARKET ADDRESS 10. ADDITIONS/CHANGES 11. ADDITIONS 12. ADDITION	6. Name and Address of Current Registered Agent						7. Name	and Address of New				
1 INDEPENDENT DR., STE. 1600 JACKSONVILLE FL 32202 City FL Zip Code City FL Zip Code 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 Signature type of printed name of impatered agent and title if applicable. INDE Registered Agent sprawur required when enrolling) PLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE NAME SIRET ADDIESS CITY-ST-2P Delete TITLE NAME SIRET ADDIESS CITY-ST-2P Delete TITLE NAME SIRET ADDIESS CITY-ST-2P Delete SIRET ADDIESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P SIRET ADDIESS CITY-ST-2P CITY-ST-2P SIRET ADDIESS CITY-ST-2P SIRET ADDIESS CI	SHIELDS, DAVID R											
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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 Signature, Special or printed neme of registered agent and like if applicable (NOTE: Registered Agent Registered Registered Registered Registered Registered Registered Registered R	JACKSONVILLE FL 32202											
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Signature, hyped or printed name of regulated agent and title if applicable. International Agent signature regulated veric retreatering) DATE	8. The above named entity	submits this statement for	the purpose of changing its	s register	ed office o	r registered	d agent, c	or both, in the State of Fl	orida.		}	
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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 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.