

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90064 039 ****50.00

DOCUMENT # L00000002183

1. Entity Name
FLORIDA TELE-COM TOWERS, LLC



Principal Place of Business

Mailing Address

**25 LITTLE JOHN LANE
ROCKLEDGE FL 32955**

**25 LITTLE JOHN LANE
ROCKLEDGE FL 32955**

00143401

2. Principal Place of Business

3. Mailing Address

300 N HWY A1A

P.O. Box 5288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

City & State
Jupiter FL

City & State
Greenville SC

Zip
33477

Country
USA

Zip
29606

Country
USA

4. FEI Number **59-3628332**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA FL 33637**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **TYNDALL, VERNON**
STREET ADDRESS **25 LITTLE JOHN LANE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **ROMEO, FRANK**
STREET ADDRESS **25 LITTLE JOHN LANE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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 **FRANK ROMEO** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-1-03

Date

678-898-8999

Daytime Phone #

CF2E083 (4/03)