

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006588

1. Entity Name
RICHLAND TELECOM TOWERS A, LLC

Principal Place of Business Mailing Address
4890 W. KENNEDY BLVD., SUITE 850 4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609 TAMPA FL 33609

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3383756 Applied For
Not Applicable

5. Certificate of Status Desired X \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, DALE A
4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609

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 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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
mgm
Richland Towers, Inc.
4890 W. Kennedy Blvd., #850
Tampa, Florida 33609-1863

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
200004274142--9
-05/21/01--01143--011

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
*****55.00 *****55.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

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: [Signature] DATE REQUIRED: Samuel R. Ross 4-25-2001 813.286.4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)