UN	IIFORM B	USINES	S REPOR	TT (U	JBR)					
DOCUMENT # L0000006588  1. Entity Name  RICHLAND TELECOM TOWERS A, LLC							FILED IPR-30 AM	) 10: 5 <u>8</u>		
Principal Place of Business 1890 W. KENNEDY BLVD SUITE 850 TAMPA FL 33609			Mailing Address 4890 W. KENNEDY BLVI TAMPA FL 33609	D., SUITE B	50	SEI TAL	SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business			3. Mailing Address							
4890 West Kennedy Blvd. Suite 920 Tลหาริสเรา L 33609-1863			4890 West K Suite Apt. #, etc. Suite 920 Transpa, FL			4. FEI Number	59-3700316		_	pplied For
Zip	Country	,	Zip	Cour		5. Certificate of		\$5.0	$\overline{}$	ot Applicable
4890	6. Name and Addres ST, DALE A D W. KENNEDY BLVD. IPA FL 33609		Istered Agent		7. Name and Address of New Registered Agent Name F&L CORP. Street Address CRECKING AND PLOOR 200 LAURA STREET, 3RD FLOOR JACKSONVILLE, FL 32202-3510					
8. The above the obligati	named entity submits this ions of registered agent.  Childy Signature, typed or printed name of		tle if applicable. (N	By: R.J.	Wolfe, V.P.	4/28/03 red when rematating)	in the State of Flori	DATE		
a .	MANA	GING MEMBERS/	C	Due By M	ay 1, 2003	, self of Grate-	ADDITIONS/C			
TITLE VAME STREET ADDRESS CITY-ST-ZIP	MGR RICHLAND TELECO 4890 W KENNEDY E TAMPA FL 33609-18	M TOWERS, INC BLVD., #850	☐ Celete	TITLI NAM STRI	E EET ADDRESS	MGR RICHLAND TO 4890 W. KENN TAMPA, FL 33	OWERS-BRO	ADCAST D	hange NC.	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete		E			□ c	hange	Addition
TITLE NAME STREET ADDRESS STY-ST-ZIP			☐ Delete		ſ	,		c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			C	hange	Addition
TITLE WAME STREET ADDRESS (C)TY-ST-ZIP			☐ Delete					□ C	hange	Addition
TITLE NAME STREET ADDRESS			☐ Delete		ı			CI	hange	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.