2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-10-2004 90188 008 ****50.00

DOCUMENT # L00000007497

1. Entity Name
BIG BEND TOWERS I, LLC

Principal Place of Business	Mailing Address
2808 REMINGTON GREEN CIRCLE NORTH SUITE 200 TALLAHASSEE, FL 32308	2808 REMINGTON GREEN CIRCLE NORTH SUITE 200 TALLAHASSEE, FL 32308

03022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2888 Remington Green Ln.	2888 Remington Green Ln.
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: 59-3655486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNEIS, JOHN E 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M AUSELY HARVELL GROUP, INC. 2808 REMINGTON GREEN CIR., N., STE 200 TALLAHASSEE, FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Ausley Harvell Group, Inc. 2888 Remington Green Lane, Suite C Tallahassee, FL 32308 ☒ Change ☐ Addition
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
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
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] 3/5/04 (850) 222-7320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #