

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90188 009 ****50.00

DOCUMENT # L01000007053	
1. Entity Name BIG BEND TOWERS II, LLC	

Principal Place of Business 2808 REMINGTON GREEN CIRCLE N., STE. 200 TALLAHASSEE, FL 32308	Mailing Address 2808 REMINGTON GREEN CIRCLE N., STE. 200 TALLAHASSEE, FL 32308
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2. Principal Place of Business 2888 Remington Green Lane Suite, Apt. #, etc. Suite C	3. Mailing Address 2888 Remington Green Ln Suite, Apt. #, etc. Suite C
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City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 59-3715938	Applied For <input type="checkbox"/> Not Applicable
Zip 32308	Country USA	Zip 32308	Country USA



03022004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

BRENNEIS, JOHN E
227 S. CALHOUN ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIG BEN TOWERS I, LLC 2808 REMINGTON GREEN CIR N, STE 200 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTINENTAL CASSION, INC 201 GEAS MILL RD CONYERS, GA 30013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2888 Remington Green Lane, Suite C Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2011 Gees Mill Road Conyers GA 30013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

3/5/04 (850) 222-7320
 Date Daytime Phone #

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