AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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05-03-2004 90145 047 ****55.00
L01000013330

FILED
2004 MAY 11 PM 12:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013330

1. Entity Name
T.H.E. UNITED TOWER CRANE, LLC

Principal Place of Business
~~4301 NORTH 40TH STREET~~
~~TAMPA, FL 33610~~
900 W. 15th St.
Riviera Beach, FL 33404

Mailing Address
~~4301 NORTH 40TH STREET~~
~~TAMPA, FL 33610~~ P.O. Box 50472
Henderson, NV
89016

03132004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
59-3741251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~RANNS, JOHN H III~~
~~501 E. KENNEDY BLVD., SUITE 750~~
~~TAMPA, FL 33602~~
The Kleinfeld Lawfirm
Suntrust Intern'l Center
One Southeast Third Ave 1940
Miami, FL 33131

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MGRM~~
NAME	~~PULLARO, JOHN A~~
STREET ADDRESS	4301 NORTH 40TH STREET
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	MGRM
NAME	LEWIS, KIRK
STREET ADDRESS	4301 NORTH 40TH STREET
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/18/04 (702) 433-9033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #