

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061819

FILED
Jan 23, 2006
Secretary of State

Entity Name: SBA TOWER DEVELOPMENT, LLC

Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-3045097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: COO () Change (X) Addition
Name: BAGWELL, KURT
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: S/GC () Change (X) Addition
Name: HUNT, THOMAS P
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CEO () Change (X) Addition
Name: STOOPS, JEFFREY A
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CFO () Change (X) Addition
Name: MACAIONE, ANTHONY
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: T/VP () Change (X) Addition
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CAO () Change (X) Addition
Name: CAVANAGH, BRENDAN
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS P. HUNT

S/GC

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date