

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077326

Entity Name: SBA TOWERS II LLC

FILED  
Apr 18, 2012  
Secretary of State

**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: 20-5388053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGRM  
Name: SBA TOWERS, LLC  
Address: 5900 BROKEN SOUND PARKWAY, NW  
City-St-Zip: BOCA RATON, FL 33487

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

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

Title: SVP  
Name: CIARFELLA, MARK  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: CFO  
Name: CAVANAGH, BRENDAN  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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

04/18/2012

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