

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118195

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** TOWERCOM III, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 26-1467209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIELDS, DAVID R  
ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE, FL 32202 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: TOWERCOM, LLC  
Address: ONE INDEPENDENT DRIVE, SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

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: JEANNINE MELLO

MGRM

03/08/2010

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