


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
4. May 01, 2008 8:00 am
Secretary of State

04-07-2008 90223 032 ***138.75

| | | | |
|--|--|---|---|
| DOCUMENT # L07000118228 | |  | |
| 1. Entity Name TOWERCOM IV, LLC | | | |
| Principal Place of Business ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202 | | Mailing Address ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 26-1467281 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHIELDS, DAVID R ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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) | | DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TOWERCOM, LLC <input type="checkbox"/> Delete ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jennine Mello</i> | | DATE: 3/28/08 | DAYTIME PHONE #: 904-634-8808 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE | DAYTIME PHONE # |

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