

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90064 026 \*\*\*\*50.00

**DOCUMENT # L98000002672**

1. Entity Name

CEA TOWER INVESTORS, L.L.C.



Principal Place of Business

101 EAST KENNEDY BOULEVARD, SUITE 3300  
TAMPA, FL 33602

Mailing Address

101 EAST KENNEDY BOULEVARD, SUITE 3300  
TAMPA, FL 33602

**24059125**



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3560344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JUNG, MING G  
101 EAST KENNEDY BOULEVARD, SUITE 3300  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEDIATEL INVESTMENTS, INC.
STREET ADDRESS	29 COMMONWEALTH AVENUE
CITY-ST-ZIP	BOSTON, MA 02116
TITLE	MGRM
NAME	CEA INVESTORS, INC.
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	MACCRORY, TOM
STREET ADDRESS	1380 EAVES SPRING ROAD
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	MGRM
NAME	SWEENEY, BRIAN
STREET ADDRESS	1304 NORTH TULIP DRIVE
CITY-ST-ZIP	WEST CHESTER, PA 19380
TITLE	MGRM
NAME	JOHNSON, ROBERT W IV
STREET ADDRESS	630 FIFTH AVENUE, SUITE 1510
CITY-ST-ZIP	NEW YORK, NY 10111
TITLE	MGRM
NAME	ROCKWORKER, INC.
STREET ADDRESS	2900 WEST PARK ROW, SUITE D
CITY-ST-ZIP	ARLINGTON, TX 76013

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Ming G. Jung

4/26/04

Date

(813) 226-8844

Daytime Phone #