

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002672 1. Entity Name CEA TOWER INVESTORS, L.L.C.	
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Principal Place of Business 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



03232005No Chg-LLC CR2E083 (10/03)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000340202
04/28/05-80107-010 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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:  **3-24-2005 (813) 226-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #