

2001 UNIFORM BUSINESS REPORT (UBR)

0002521 AF

DOCUMENT # L99000001080

1. Entity Name
TC FLORIDA TOWERS II, L.L.C.

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009

Mailing Address
ONE INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3560240

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, DAVID R
ONE INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. MBR ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS TOWERCOM HOLDINGS, LLC
CITY-ST-ZIP ONE INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202 ☒ Delete

TITLE NAME Towercom Enterprises, L.L.C. ☐ Change ☒ Addition
STREET ADDRESS 1 Independent Dr. Ste 1600
CITY-ST-ZIP Jacksonville FL 32202

TITLE NAME MGR
STREET ADDRESS TOWERCOM MANAGEMENT, L.L.C.
CITY-ST-ZIP 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202 ☒ Delete

TITLE NAME MBR ☐ Change ☒ Addition
STREET ADDRESS Tri-D, L.C.
CITY-ST-ZIP 1 Independent Dr. Ste 1600 JACKSONVILLE FL 32202

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 500004137905 ☐ Change ☐ Addition
STREET ADDRESS -05/04/01--01096--011
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)