## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90187 034 \*\*\*\*50.00

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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Shells  8. Shells  8. Shells  9. Street Address of P.O. Box Number is Not Acceptable)  9. MANAGING MEMBERS/MANAGERS  10. MANAGING MEMBERS/MANAGERS  11. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  11. MANAGING MEMBERS/MANAGERS  11. ADDITIONS/CHANGES  12. Change  13. Cetimicate of Status  14. Name and Address of New Registered Agent  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  16. Street Address of New Registered Agent  17. Name and Address of New Registered Agent  18. Shells  18. Shells  19. Street Address of New Registered Agent  19. Street Address of New Registered Agent  19. Street Address of New Registered Agent  10. Street Address of New Registered  10. Street Address of N	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  Street Address (P.O. Box Number is Not Acceptable) The product of the College of Changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE— Signature, hyped or printed name of registered agent and title if applicable.  Pilling Fee is \$50.00 Due by May 1, 2004  Filling MGR TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30303  ITILE NAME Detail  City ST-ZIP Name Detail  Change	<b>)</b>
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PLANTATION, FL 33324    City   Code   FL   Zip Code   32.2 c	
the obligations of registered agent.  SIGNATURE - Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  Pilling Fee is \$50.00  Due by May 1, 2004  Make check payable to Florida Department of State:  9.	
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NAME TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30303  TITLE NAME  TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS CITY-ST-ZIP  NAME  NAME  TOWERCOM Management L.L.C. STREET ADDRESS / Independent Dr. Suite 1600 CITY-ST-ZIP  Jacksonville, FL 32202  TITLE NAME	3
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING NAMAGER, OR AUTHORIZED REPRESENTATIVE  Dayline Phone #	nation