2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

1. Entity Name TC FLORIDA TOWERS II, L.L.C. Principal Place of Business 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPACE Mailing Address 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 04042005 No Chg-LLC CR2E083 (10/03) Applied For	ANIOAL KLI OKI				- Sec	cretary of Stat
1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3560240 5. Certificate of Status Desired 59-3560240 6. Name and Address of Current Registered Agent SHIELDS, DAVID R 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 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 accent the obligations of registered agent. SIGNATURE SOURCE SOURCE STE 1600 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TOWERCOM MANAGEMENT, L.L.C. TINDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 04/15/US-800S6-015 50, 0.0 TILE MINE TOWERCOM MANAGEMENT, L.L.C. TINDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202	1. Entity Nar TC FLOF	RIDA TOWERS II, L.L.C.				icialy of Stat
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6. Name and Address of Current Registered Agent SHIELDS, DAVID R 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 B. 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 accelling the obligations of registered agent. SIGNATURE Sprature, typed or printed name of registered agent and title if applicable. (NOTE, Reputative Agent agreed when resistance) Parature typed or printed name of registered agent and title if applicable. (NOTE, Reputative Agent agreed when resistance) Parature typed or printed name of registered agent and title if applicable. (NOTE, Reputative Agent agreed when resistance) Parature typed or printed name of registered agent and title if applicable. (NOTE, Reputative Agent agreed when resistance) Parature typed or printed name of registered agent and title if applicable. (NOTE, Reputative Agent agreed when resistance) Parature typed or printed name of registered agent and title if applicable. (NOTE, Reputative Agent agreed when resistance) Parature typed or printed name of registered agent. I am familiar with, and accelling the parature required when resistance) Parature typed or printed name of registered agent. I am familiar with, and accelling the parature required when resistance) Parature typed or printed name of registered agent. I am familiar with, and accelling the parature required when resistance) Parature typed or printed name of registered agent. I am familiar with, and accelling the parature required when resistance) Parature typed or printed name of registered agent. I am familiar with, and accelling typed or registered agent. I am familiar with, and accelling typed or registered agent. I am familiar with, and accelling typed or registered agent. I am familiar with, and accelling typed or registered agent. I am familiar with, and accelling typed or registered agent. I am familiar with, and accelling typed or registered agent. I am familiar wi	L.	O NO! WHILE	IIV I III 5 SPA	CE	59-3560240	Not Applicable
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the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Pilling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS IVILE MGR TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE, FL 32202 D4/15/05-80096-015 50.00	1 INDEPENDENT DRIVE STE 1600					
9. MANAGING MEMBERS/MANAGERS 117LE MGR TOWERCOM MANAGEMENT, L.L.C. 5TREET ADDRESS 1 INDEPENDENT DRIVE STE 1600 10000030847S 117LE NAME NAME O4/15/05-80096-015 50.00	the obligat	tions of registered agent.		·		
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NAME TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS 1 INDEPENDENT DRIVE STE 1600 CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME TOWERCOM MANAGEMENT, L.L.C. 100000308475 04/15/05-80096-015 50.00			S/MANAGERS			
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 cath, 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.

ilmited liability company of the receiver of trustee empowered to execute this report as required by Chapter 608, Plorida Statutes.

SIGNATURE:

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

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