

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 10, 2006 08:00 AM

Secretary of State

DOCUMENT # L99000001080

1. Entity Name

TC FLORIDA TOWERS II, L.L.C.



Principal Place of Business

**1 INDEPENDENT DRIVE STE 1600
JACKSONVILLE, FL 32202**

Mailing Address

**1 INDEPENDENT DRIVE STE 1600
JACKSONVILLE, FL 32202**



03312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FCI Number
59-3560240**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

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 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, 2006**

**000000500485
04/25/06-80024-009 50.00**

9. MANAGING MEMBERS/MANAGERS

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

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CITY-ST-ZIP**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/3/06

904-634-8808

Date

Daytime Phone