## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L99000003282

TOWERCOM HOLDINGS II, L.L.C.



**FILED** Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

1 INDEPENDENT DRIVE **SUITE 1600** JACKSONVILLE, FL 32202 Mailing Address

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



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 	Applied For
59-3582807		Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

## 6. Name and Address of Current Registered Agent

SHIELDS, DAVID R 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202

## ति तेले हुन्य रहन्। वितिक तेलाहरू अर्थ के विविधासी प्रविद्यासी विवेध स्वकृत्वा है।

	named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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.9,	MANAGING,MEMBERS/MANAGERS		
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11. I hereby certify that the information supplied with this filling 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

904-634-8808

Daytime Phone #