

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90030 041 \*\*\*\*50.00

**DOCUMENT # L99000003587**

1. Entity Name  
**TOWERCOM ENTERPRISES, L.L.C.**



Principal Place of Business  
**230 PEACHTREE ST., NW, SUITE 1440  
ATLANTA, GA 30303-1515**

Mailing Address  
**230 PEACHTREE ST., NW, SUITE 1440  
ATLANTA, GA 30303-1515**

640700



2. Principal Place of Business

**1 Independent Dr  
Suite, Apt. #, etc.  
Suite 1600**

City & State  
**Jacksonville, FL**

Zip  
**32202**

Country  
**USA**

3. Mailing Address

**1 Independent Dr  
Suite, Apt. #, etc.  
Suite 1600**

City & State  
**Jacksonville, FL**

Zip  
**32202**

Country  
**USA**

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3582803**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name  
**David R. Shields**

Street Address (P.O. Box Number is Not Acceptable)  
**1 Independent Dr, Suite 1600**

City  
**Jacksonville** FL Zip Code  
**32202**

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TOWERCOM MANAGEMENT, L.L.C.  
230 PEACHTREE ST., NW, SUITE 1440  
ATLANTA, GA 303031515** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TowerCom Management L.L.C.  
1 Independent Dr, Suite 1600  
Jacksonville, FL 32202** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing member  
LDP, Inc  
1 Independent Dr, Suite 1600  
Jacksonville, FL 32202** ☐ Change ☒ Addition

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

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

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

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

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

**4/8/04**

Date

Daytime Phone #