


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
|---|---|
| DOCUMENT # L99000003587 1. Entity Name TOWERCOM ENTERPRISES, L.L.C. |  |
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|--|--|
| Principal Place of Business 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202 US | Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202 US |
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DO NOT WRITE IN THIS SPACE



04042005No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3582803 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHIELDS, DAVID R
1 INDEPENDENT DR.
SUITE 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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TOWERCOM MANAGEMENT, L.L.C. 1 INDEPENDENT DR, SUITE 1600 JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LDP, INC 1 INDEPENDENT DR, SUITE 1600 JACKSONVILLE, FL 32202 |
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 4-5-05 Daytime Phone # _____

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