2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000003587

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

Principal Place of Business	Mailing Address
1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202 US	1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202 US

DO NOT WRITE IN THIS SPACE

03282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
59-3582803	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 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 _____

<small>Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE</small>

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS / MANAGERS

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

TITLE	MGRM
NAME	LDP, INC
STREET ADDRESS	1 INDEPENDENT DR, SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
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CITY-ST-ZIP	

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U000000894462
04/17/08-80045-002 138.75

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: _____ Jeannine Mello _____ 3/28/08 _____ 904-634-8808

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #</small>