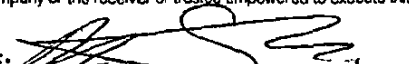


FILED
May 05, 2004 8:00 am
Secretary of State

04-20-2004 90187 035 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000004837			
1. Entity Name TOWERCOM GULF COAST, 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	
2. Principal Place of Business 1 Independent Dr Suite 1600 City & State Jacksonville, FL		3. Mailing Address 1 Independent Dr Suite 1600 City & State Jacksonville, FL	
Zip 32202 Country USA		Zip 32202 Country USA	
4. FEI Number 59-3592625		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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  DATE 4-8-04 (Signature, typed or printed name of registered agent and state of application. (NOTE: Registered Agent signature required when reinstating.)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR ☐ Delete NAME TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS 230 PEACHTREE ST., NW, SUITE 1440 CITY-ST-ZIP ATLANTA, GA 303031515		TITLE MGR ☒ Change ☐ Addition NAME TowerCom Management L.L.C. STREET ADDRESS 1 Independent Dr, Suite 1600 CITY-ST-ZIP Jacksonville, FL 32202	
TITLE NAME ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
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 4-8-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			