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May 05, 2004 8:00 am
Secretary of State

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

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04072004 Chg-LLC CR2E083 (10/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004837

1. Entity Name
TOWERCOM GULF COAST, L.L.C.

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

2. Principal Place of Business		3. Mailing Address	
1 Independent Dr		1 Independent Dr	
Suite, Apt. #, etc.: Suite 1600		Suite, Apt. #, etc.: Suite 1600	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32202	Country: USA	Zip: 32202	Country: USA

4. FEI Number: 59-3592525 ☐ 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

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] 4-8-04
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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	Mgr	☑ Change ☐ Addition
NAME	TOWERCOM MANAGEMENT, L.L.C.		NAME	TowerCom Management L.L.C.	
STREET ADDRESS	230 PEACHTREE ST., NW, SUITE 1440		STREET ADDRESS	1 Independent Dr, Suite 1600	
CITY-ST-ZIP	ATLANTA, GA 303031515		CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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: [signature] 4-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #