


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L99000004837 1. Entity Name TOWERCOM GULF COAST, L.L.C.	
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Principal Place of Business 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



04042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3592525	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 160
JACKSONVILLE, FL 32202

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**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
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04/15/05-80070-015 50.00

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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)(f), 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