

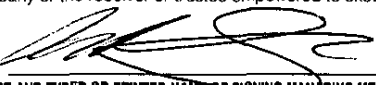


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 036 ****50.00

DOCUMENT # L99000004838 1. Entity Name TOWERCOM ATLANTA, 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, Apt. #, etc. Suite 1600		3. Mailing Address 1 Independent Dr Suite, Apt. #, etc. Suite 1600			
City & State Jacksonville, FL		City & State Jacksonville, FL		04072004 Chg-LLC CR2E083 (10/03)	
Zip 32202		Country USA		4. FEI Number 59-3592523	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (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 <input type="checkbox"/> Delete NAME TOWERCOM MANAGEMENT, L.L.C. STREET ADDRESS 230 PEACHTREE ST., NW, SUITE 1440 CITY-ST-ZIP ATLANTA, GA 303031515			TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TowerCom Management LLC STREET ADDRESS 1 Independent Dr, Suite 1600 CITY-ST-ZIP Jacksonville, FL 32202		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  4-80 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	