

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


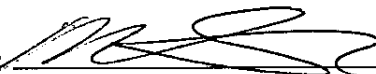
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Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 033 ****50.00

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04072004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L99000006299					
1. Entity Name TOWERCOM EAST COAST, L.L.C.					
Principal Place of Business 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA, FL 30303-1515			Mailing Address 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA, FL 30303-1515		
2. Principal Place of Business 1 Independent Dr Suite, Apt. #, etc. Suite 1600 City & State Jacksonville, FL Zip 32202 Country USA		3. Mailing Address 1 Independent Dr Suite, Apt. #, etc. Suite 1600 City & State Jacksonville, FL Zip 32202 Country USA		4. FEI Number 59-3608716 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 ONE INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWERCOM ENTERPRISES 1 INDEPENDENT DR., STE 1600 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4-20-04		Daytime Phone #