2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006299

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

Principal Place of Business	Mailing Address
INDEPENDENT DR. SUITE 1600 JACKSONVILLE, FL 32202	INDEPENDENT DR. SUITE 1600 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

03312006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3608716	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, DAVID R
ONE INDEPENDENT DRIVE, SUITE 1600
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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
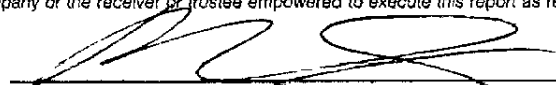
Filing Fee is $50.00
Due by May 1, 2006

1000000500245
04/25/06-80014-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TOWERCOM ENTERPRISES
STREET ADDRESS	1 INDEPENDENT DR., STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/3/06   904-634-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #