

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN 12 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **MO1000001734**

1. Entity Name

**MIDWEST TOWER PARTNERS, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11950 W. Lake Park Drive**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Milwaukee, Wisconsin**

Zip

**53224**

Country

**USA**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City

**Plantation**

**FL**

Zip Code

**33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Maurice S. Meyers  
11950 W. Lake Park Drive, Ste. 200  
Milwaukee, Wisconsin 53224**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Martin T. Franke, Vice President  
11950 W. Lake Park Drive, Ste. 200  
Milwaukee, Wisconsin 53224**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary  
Nick J. Agliata  
11950 W. Lake Park Drive, Ste. 200  
Milwaukee, Wisconsin 53224**

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Maurice S. Meyers, President**

CR2E083B (12/01)