

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # M02000000262

1. Entity Name
CROWN CASTLE SOUTH LLC



Principal Place of Business

**510 BERING DRIVE
SUITE 600
HOUSTON, TX 77057**

Mailing Address

**510 BERING DRIVE
SUITE 600
HOUSTON, TX 77057**



02072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2913900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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IN THIS SPACE**

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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	DUVA, VICTOR A
STREET ADDRESS	1209 ORANGE STREET
CITY-STATE-ZIP	WILMINGTON, DE 19801
TITLE	DEVP
NAME	HAWK, E. BLAKE
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY-STATE-ZIP	HOUSTON, TX 77057
TITLE	DEVP
NAME	MORELAND, W. BENJAMIN
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY-STATE-ZIP	HOUSTON, TX 77057
TITLE	S
NAME	REID, DONALD J JR.
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY-STATE-ZIP	HOUSTON, TX 77057
TITLE	D
NAME	UVA, KENNETH J
STREET ADDRESS	1209 ORANGE STREET
CITY-STATE-ZIP	WILMINGTON, DE 19801
TITLE	P
NAME	YOUNG, JAMES
STREET ADDRESS	2000 CORPORATE DRIVE
CITY-STATE-ZIP	CANONSBURG, PA 15317

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02/26/07-80005-025 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DONALD J. REID, JR.

Date

713-570-3000

Daytime Phone #