2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003618

1. Entity Name

PINNACLE TOWERS ACQUISITION LLC



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

C/O PINNACLE TOWERS INC. 301 N. CATTLEMEN RD STE. 300 SARASOTA, FL 34232 Mailing Address

C/O PINNACLE TOWERS INC. 301 N. CATTLEMEN RD STE, 300 SARASOTA, FL 34232



DO NOT WRITE IN THIS SPACE

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

04092004 No Chg-LLC CR2E

CR2E083 (10/03)

4. FEI Number 20-0294974

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE 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 signal		(NOTE. Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			U00000127560 04/26/04-80003-064 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINNACLE TOWERS ACQUISITION INC 301 N. CATTLEMEN RD SARASOTA, FL 34232		
TITLE NAME SIREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

Controller