

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003618

FILED
Jun 11, 2012
Secretary of State

Entity Name: PINNACLE TOWERS ACQUISITION LLC

Current Principal Place of Business:

1220 AUGUSTA DRIVE
SUITE 500
HOUSTON, TX 77057 US

New Principal Place of Business:

Current Mailing Address:

1220 AUGUSTA DRIVE
SUITE 500
HOUSTON, TX 77057 US

New Mailing Address:

FEI Number: 20-0294974 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PINNACLE TOWERS ACQUISITION HOLDINGS LLC
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057

Title: DCEO
Name: MORELAND, W. BENJAMIN
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057 US

Title: DEVP
Name: HAWK, E. BLAKE
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057 US

Title: DCFO
Name: BROWN, JAY A
Address: 1220 AUGUSTA DRIVE, SUITE 500
City-St-Zip: HOUSTON, TX 77057 US

Title: D
Name: UVA, KENNETH
Address: 1209 ORANGE ST.
City-St-Zip: WILMINGTON, DE 19801 US

Title: D
Name: DUVA, VICTOR
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PINNACLE TOWERS ACQUISITION HOLDINGS LLC MGRM 06/11/2012

_____ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date