2005 LIMITED LIABILITY COMPANY

Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M04000001683** 04-27-2005 90019 021 ****50.00 1. Entity Name HIGH POINT MANAGEMENT CO. LLC Principal Place of Business Mailing Address COICION **301 NORTH CATTLEMEN ROAD** 301 NORTH CATTLEMEN ROAD SUITE 300 SUITE 300 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4 FEI Number 20-0997573 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Member MGR Delete **⊠** Change ☐ Addition TITLE TITLE Pinnacle Towers LLC NAME BLOMMER, CAMILLE SUTTE BOD 301 N Cattle Men Rà STREET ADDRESS 301 NORTH CATTLEMEN ROAD, SUITE 300 STREET ADDRESS SARASOTA, FL 34232 34232 CITY-ST-ZIF FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Camille

STREET ADDRESS CITY-ST-ZIP

Blommer

TITLE

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

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

FILED