


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M05000004213 1. Entity Name CROWN CASTLE TOWERS 05 LLC	
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Principal Place of Business
510 BERING DRIVE
SUITE 600
HOUSTON, TX 77057

Mailing Address
510 BERING DRIVE
SUITE 600
HOUSTON, TX 77057

DO NOT WRITE IN THIS SPACE



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3081851

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

**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 signature required when rechartering)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	YOUNG, JAMES
STREET ADDRESS	2000 CORPORATE DRIVE
CITY- ST- ZIP	CANONSBURG, PA 15317
TITLE	DEVP
NAME	HAWK, E. BLAKE
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY- ST- ZIP	HOUSTON, TX 77057
TITLE	DEVP
NAME	MORELAND, W. BENJAMIN
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY- ST- ZIP	HOUSTON, TX 77057
TITLE	S
NAME	REID, DONALD J JR.
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY- ST- ZIP	HOUSTON, TX 77057
TITLE	T
NAME	BROWN, JAY
STREET ADDRESS	510 BERING DRIVE, SUITE 600
CITY- ST- ZIP	HOUSTON, TX 77057
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000635842
02/23/07-80031-003 50.00

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IN THIS SPACE**

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

Daytime Phone #

713-570-3000