

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -2 PM 2:00

23

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000343

TOWERCOM HOLDINGS, LLC
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

1a. Principal Place of Business Address

1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
06/13/1997

3a. State of Formation
GA

4. FEI Number
59-3456789
APPLIED FOR Applied For Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

KREIS, ROBERT R
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

8. Name and Address of New Registered Agent/Office

Name
L. D. Williams
Street Address (P.O. Box Number is Not Acceptable)
1600 Independent Square
Suite, Apt. #, etc.
City Jacksonville Zip Code FL 32202

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *L. D. Williams* DATE February 23, 1998
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TOWERCOM DEVELOPMENT,	1600 INDEPENDENT SQUARE	JACKSONVILLE FL

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***188.75 ***188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *L. D. Williams, Vice Pres* 2-23-98 (904) 634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #