

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M97000000879

Entity Name
TELECOM TOWERS, L.L.C.



Principal Place of Business
116 HUNTINGTON AVE., 11TH FLOOR
BOSTON, MA 02116

Mailing Address
116 HUNTINGTON AVE., 11TH FLOOR
BOSTON, MA 02116



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 54-1866469 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

TELECOM CORPORATION SYSTEM
100 SOUTH PINE ISLAND ROAD
PANTATION, FL 33324

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IN THIS SPACE**

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, 2006**

MANAGING MEMBERS/MANAGERS

| |
|---|
| MGR AMERICAN TOWERS, INC. 116 HUNTINGTON AVE., 11TH FLOOR BOSTON, MA 02116 |
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01/30/06 80088-012 50.00

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IN THIS SPACE**

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 609, Florida Statutes.

By American Towers Inc., its sole member & manager

SIGNATURE: *Michael B. Milson* Michael B. Milson 1/9/2006 617 375 7500

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

Date

Daytime Phone #