

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 08, 2009  
Secretary of State**

DOCUMENT# M99000000933

Entity Name: UNISITE/OMNIPOINT FL TOWER VENTURE, LLC

**Current Principal Place of Business:**

116 HUNTINGTON AVE., 11TH FLOOR  
BOSTON, MA 02116 US

**New Principal Place of Business:**

**Current Mailing Address:**

116 HUNTINGTON AVE., 11TH FLOOR  
BOSTON, MA 02116 US

**New Mailing Address:**

FEI Number: 59-3616984      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 ( ) Delete  
Name: UNISITE, LLC,  
Address: 116 HUNTINGTON AVE.  
City-St-Zip: BOSTON, MA 02116 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: UNISITE, LLC,  
Address: 116 HUNTINGTON AVE.  
City-St-Zip: BOSTON, MA 02116 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: H. ANTHONY LEHV, SVP OF AMERICAN TOWER      SVP      01/08/2009

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