

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90132 036 ****50.00

DOCUMENT # M99000001036

1. Entity Name

JACKSONVILLE TOWER ASSOCIATES, LLC



Principal Place of Business

110 EAST BROWARD BLVD., SUITE 500
FT. LAUDERDALE FL 33301

Mailing Address

110 EAST BROWARD BLVD., SUITE 500
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1111 BRICKELL AVE

3. Mailing Address

1111 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 2910

Suite, Apt. #, etc.

SUITE 2910

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 63-1229313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISS, ANDREW R
2601 S. BAYSHORE DR., STE. 700
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL AVE

SUITE 2910

City

MIAMI FL

FL

Zip Code

33131

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

3/23/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME TPC NATIONS, LLC
STREET ADDRESS 2601 SOUTH BAYSHORE DR. #700
CITY-ST-ZIP MIAMI FL 33133

TITLE MGR ☐ Delete
NAME MCJAX MANAGER, INC.
STREET ADDRESS ONE OFFICE PARK CIRCLE SUITE 300
CITY-ST-ZIP BIRMINGHAM AL 35223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1111 BRICKELL AVE SUITE 2910
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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 person empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

3/24/03 305 3797501

Date

Daytime Phone #

CR2E083 (10/02)