FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001036

1. Entity Name
JACKSONVILLE TOWER ASSOCIATES, LLC

Principal Place of Business	Mailing Address
110 EAST BROWARD BLVD., SUITE 500 FT. LAUDERDALE, FL 33301	110 EAST BROWARD BLVD., SUITE 500 FT. LAUDERDALE, FL 33301

2. Principal Place of Business	3. Mailing Address
1111 BRICKELL AVE	1111 BRICKELL AVE
Suite, Apt. #, etc.: 2910	Suite, Apt. #, etc.: 2910
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. ☑ 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	7. Name and Address of New Registered Agent
WEISS, ANDREW R 2601 S. BAYSHORE DR., STE. 700 MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable): 1111 BRICKELL AVENUE SUITE 2910 City: MIAMI 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TPC NATIONS, LLC 2601 SOUTH BAYSHORE DR. #700 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1111 BRICKELL AVE, #2910 MIAMI, FL 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCJAX MANAGER, INC. ONE OFFICE PARK CIRCLE SUITE 300 BIRMINGHAM, AL 35223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1111 BRICKELL AVE, #2910 MIAMI, FL 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100018460201 05/07/03--01090--001 **950.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 5/2/03 305/379-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #

DARRYL W. PARMENTER