

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN 12 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **MO1000001734**

1. Entity Name

**MIDWEST TOWER PARTNERS, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**11950 W. Lake Park Drive**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Milwaukee, Wisconsin**

City & State

4. FEI Number

Applied For  
Not Applicable

Zip  
**53224**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City  
**Plantation**

FL Zip Code  
**33324**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Maurice S. Meyers  
11950 W. Lake Park Drive, Ste. 200  
Milwaukee, Wisconsin 53224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Martin T. Franke, Vice President  
11950 W. Lake Park Drive, Ste. 200  
Milwaukee, Wisconsin 53224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**800005765668--0**  
**-06/13/02--01059--024**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Nick J. Agliata  
11950 W. Lake Park Drive, Ste. 200  
Milwaukee, Wisconsin 53224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Maurice S. Meyers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Maurice S. Meyers, President

CR2E083B (12/01)