

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2005 Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) I ID No. 2 Exact name of the limited hability company 107097 UniSite/Omnipoint NE Tower Venture, LLC 3. State of Formation 4. Brief description of the character of the hustness which is actually conducted in Rhode Island **TOWER SPACE RENTAL DELAWARE** 5 Principal office address State Boston 116 Huntington mA 02116 Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: William Ex VP & Secretary Street Address State 116 Huntington Avenue MA 02116 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.J.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Inc. American Towers Street Address Street Address 116 Huntington City City State Zip MA 02116 Manager Name Street Addness Street Address State State 7.φ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CT CORPORATION SYSTEM** Address City 7.1p 10 WEYBOSSET STREET **PROVIDENCE** 02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

107097	By: Unisik, LLC	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.			
File Date 10 13 05	By: Unisik, LLC its manunging member.	BY: American Towers, Incy, it's Mananging Member			
Check No. 151214		Mith B. Mitson			
By: CXC		Signature of Authorized Person Date Michael B. Milsom VPEAS			
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person			



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 62903-1335 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE		r i 👻 - ruing ree: \$59 RLACK)	7.00			
107097	2. Exact name of the limited hability company UniSite/Omnipoint NE Tower Venture, LLC					
3 State of Formation	4 Brief desc	ription of the character of the	business which is actually condi	ucted in Rhode Island	· .	
Delaware Tower Space Rental						
5 Principal office addre			City	State	Zip	-
116 Huntington	n Avenue		Boston	MA	02116	
6. MAILING ADDR Contact Name William H. Hes		D LIABILITY COMPA	NY AND NAME OR TIT Contact Title Ex. VP & Sec		PERSON:	•
Street Address			Cuy	State	Zip	·
116 Huntington	Avenue		Boston	MA	02116	
	ANY MODIFICATION	SPACES BEFORE USING	**************************************	OX FOR ATTACHMEN	$n \square$	• • • •
Sover Address			*Street Address			
City	State	Zıp	City	State	Zip	
Igent Name		ND -DO NOT ALTER- Cha	anges require filing of	l f Form 642 - R.I.G.	L. 7-16-11	-
CT Corporation Sy	stem					
Address			Cuy	· ·	Zip	
10 Weybossett	Street		Providence,	Providence, RI 02903-USA		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	11/8/04
Check No	136248
<u>Ве</u>	W.
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
and that all statements contained herein are true and correct.
BY AMERICAN TONERS, INC., ITS MANAGING
this report including any accompanying schedules and statements, and that all statements contained herein are true and correct. BY AMERICAN TOPERS, ENC., ITS MANAGING MEMBER
Steffature of Authorized Person Date
William H. Hess



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Du ision 100 North Main Street Providence, RI 92903-1335 401-222-3090

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

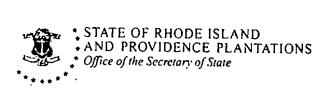
Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

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* State of Formation DELAWARE	4 Brief description TOWER SPAC	of the character of the bisine E RENTAL	ss which is actually conducted in Rha	de Island			
	untington AVE		Baston	State M A	03/16		
6. MAILING ADDR		ITY COMPANY AND NA	AME OR TITLE OF CONTACT Contact Title				
William	H. Hess	·	General Cou	nsel			
Street Address Hu	ntington Ave.		Biston	state M A	14 03/16		
A	FILL IN SPACE NY MODIFICATIONS TO	CES BEFORE USING AT	IABILITY COMPANY, IF APP TTACHMENTS ("X" BOX FO FILING OF AMENDMENT, I	PLICABLE OR ATTACHMENT)	7-16-52		
Manunger Name UniSite	ng fon Avo Sime MA		Manager Name	, (=, /			
116 Hunti	ng ton Avo		Street Address				
Buston	State MA	2402116	Cay	State	Zφ		
Manager Name			Manager Name	Manager Nume			
Street Address			Street Address				
Gity	State	Zip	Cuy	State	Zap		
8. RESIDENT AGEN Agent Name	NT IN RHODE ISLAND - I	OO NOT ALTER - Chan	ges require filing of Form Address	 642 - R.I.G.L. 7-16-11 .	1		
CORPORATION SE	RVICE COMPANY						
Address			Сиг	Z:p	 -		
170 WESTMINSTER	STREET, SUITE 900		PROVIDENCE	02	2903-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 0 7 0 9 7 *	
File Date	10803	
By	SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affir including any accompanying schedules and	m that I have examined this report
contained berein air suie and correct	
21 Worsele Jui / iti nu	majery number
Me Her	9/8/03
Signature of Authorized Person	Date
William A. Hess	
Print or Type Name of Authorized Person	



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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1. ID No.	PED OR PRINTED IN BL	4CK)				
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3. State of Formation	4 Reinf descrip	vion of the character of	the bosiness of the contract of			
DELAWARE	TOWER SF	PACE RENTAL	the husiness which is actually co	onducted in Khode Island		
5. Principal office add	4 untination	AVE:	City BOST	tm State	'A	02/10
6. MAILING ADD	RESS OF LIMITED	LIABILITY COM	PANY AND NAME OR T	ITLE OF CONTACT	PERSON:	0 - 77 -
W. R.	obert Ke	Hegrew,	Ir. Contag Title		usal (nunel
Sircei Address	nhington Av	4.	City Bush	n State N	\mathcal{U}	2116
7. NAME AND ADI	DRESS OF EACH MA	NAGER OF THE I	IMITED LIABILITY CO	OMPANY, IF APPLIC	ABLE	
	FILL IN SP	ACES BEFORE USIN	NG ATTACHMENTS ("X DUIRES FILING OF AMENDM	(" BOX FOR ATTACHME	νηΠ	
Manager Name		TO MAIN DE NO MED		ENI. K.I.G.L 7-16-12 (a)	(2) / 7-16-52	
MaiSin	te, Mc.		• Manager Name •			
Street Address	1: 100	1.00	*Street Address			
114 HU	nngrin i	AVR.	•			
City Boston	State MA	2ip 02-110	City	State	Zi	p
Manager Name		•	Manager Name			• • • • • • • •
Street Address			Street Address			
			•			
City	State	Zip	City	State	Zi	0
8. RESIDENT AGE	NT IN RHODE ISLAND	-DO NOT ALTER- C	hanges require filing	of Form 642 NIC		
Agent Name			Address	011 0111 042 - K.I.G.	L. 7-10-13	
CORPORATION SER	VICE COMPANY					
Address	-		City		2:-	<u> </u>
170 WESTMINSTER STREET, SUITE 900		1 1	000/005405			
			PROVIDENCE		02903-	
					•	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	9-13-02	
Check No	107111	
В <u>у:</u>	- Ze	
FOR SECRE	TARY OF STATE USE ONLY	

	Under penalty of perjury, I declare and affirm that I hav	e examined	
	this report, including any accompanying schedules and	cialamania	
	any accompanying schedules and	statements,	
111	and that all statements contained herein are true and cor	tect.	
BY: Unisi	and that all statements contained herein are true and cor	2	,
ji. Kinoi		~ / - /	/
		0 1201	
		1	
	Signature of Authorized Person Date	1-11	<u>-</u>
	Signature of Authorized Person Pate		
	W. RIDERT KELLIGNEN JE.		
	IV, MILLE LUMBYVERV YE.		
	Print or Type Name of Authorized Person		
		Form 632 Re	ev. 6/02

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

	LIMITED LIABILITY COMPANY
ID	Number 107097 Annual Report for the year 2000
1.	The name of the limited liability company is:
	Unisite/Omnipoint NE Tower Venture, LLC
2.	The address of the principal office of the limited liability company is: 116 Hurtington Svenue, Boston MA 02116
3.	The state or other jurisdiction under the laws of which it is formed is: Delawave
4.	The name and address of its resident agent is: Comparation Service Compary,
	10 Westminster Street Suite 900, Providence RI 02903
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 116 Hutington Sve., Buston MA
	02116, W. Robert Kellegrew
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: + were space mutal
7.	If the limited liability company has managers, list the name and address of each manager:
	Name Address
	Unisite, Inc. 116 Huitington Avenue, Boston MADI
	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Da	August 20, 01 Unisite/Omnipoint NE Tower Venture LLC Exact Name of Limited Liability Company
	9-21-01 BY: Unisite, Jucytes managing member
	CKH ASST. Becretary Title
	No. 632