


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L96000001137

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

97 OCT 13 AM 11:42

BK 10/13/97

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001137
PARAMOUNT WIRELESS COMMUNICATIONS OF FLORIDA, LLC
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE FL 32301

1a. Principal Place of Business Address
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE FL 32301

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 10/28/1996
3a. State of Formation FL

4. FEI Number 59-3367119
 Applied For
 Not Applicable

5. Date of Last Report
6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
DUNBAR, PETER M
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
400002322104--3
Suite, Apt. #, etc. -10/16/97--01075--002
***588.75 ***588.75
City
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HART, ROBERT A IV	215 SOUTH MONROE ST. 2ND F	TALLAHASSEE FL
MEM	ROGERS, C. JAMES	215 SOUTH MONROE ST. 2ND F	TALLAHASSEE FL
MEM	NOLAN, THOMAS A	215 SOUTH MONROE ST. 2ND F	TALLAHASSEE FL
MEM	MITCHELL, ANITA	215 SOUTH MONROE ST. 2ND F	TALLAHASSEE FL

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 9-26-97 304-297-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #