



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90205 012 \*\*\*\*50.00

<b>DOCUMENT # M01000002512</b>					
1. Entity Name CELLULAR ONE L.L.C.					
Principal Place of Business 3650 131ST AVENUE SE, SUITE 400 BELLEVUE, WA 98006			Mailing Address 3650 131ST AVENUE SE, SUITE 400 BELLEVUE, WA 98006		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>91-2134571</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, JOHN W		NAME		
STREET ADDRESS	3650 131ST AVENUE SE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, WA 98006		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, MIKAL J		NAME		
STREET ADDRESS	3650 131ST AVENUE SE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, WA 98006		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, DONALD		NAME		
STREET ADDRESS	3650 131ST AVENUE SE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, WA 98006		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, THERESA E		NAME		
STREET ADDRESS	3650 131ST AVENUE SE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, WA 98006		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSON, JEFFREY A		NAME		
STREET ADDRESS	3650 131ST AVENUE SE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, WA 98006		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURDETTE, H. STEPHEN		NAME	Eric Hertz	
STREET ADDRESS	3650 131ST AVENUE SE, SUITE 400		STREET ADDRESS	3650 131st Avenue SE, Suite 400	
CITY-ST-ZIP	BELLEVUE, WA 98006		CITY-ST-ZIP	Bellevue, WA 98006	
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: 			1/14/04		(425) 586-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #