

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90203 003 ****50.00

DOCUMENT # M06000000203 1. Entity Name NEXTEL PARTNERS EQUIPMENT LLC	
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Principal Place of Business 4500 CARILLON POINT KIRKLAND, WA 98033	Mailing Address 4500 CARILLON POINT KIRKLAND, WA 98033
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00063140



2. Principal Place of Business - No P.O. Box # <i>6500 Sprint Pkwy</i> Suite, Apt. #, etc.	3. Mailing Address <i>6500 Sprint Pkwy</i> Suite, Apt. #, etc. HL-5A STU
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03192007 Chg-LLC CR2E083 (12/06)

City & State <i>Overland Park, KS</i>	City & State <i>Overland Park, KS</i>	4. FEI Number 91-1953276	Applied For <input type="checkbox"/> Not Applicable
Zip <i>66251</i>	Country USA	Zip <i>66251</i>	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM NPCR, INC.	<input type="checkbox"/> Delete
NAME	4500 CARILLON POINT	
STREET ADDRESS	KIRKLAND, WA 98033	
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NPCR, Inc	
STREET ADDRESS	6500 Sprint Pkwy	
CITY-ST-ZIP	Overland Park, KS 66251	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ngile Bohem* 3/30/07 913-315-5820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #