

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005045

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: COX TMI WIRELESS, L.L.C.

**Current Principal Place of Business:**

1400 LAKE HERN DRIVE  
ATLANTA, GA 30319

**New Principal Place of Business:**

**Current Mailing Address:**

1400 LAKE HERN DRIVE  
ATLANTA, GA 30319

**New Mailing Address:**

FEI Number: 26-3246030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DYER, JOHN M  
Address: 6205 PEACHTREE DUNWOODY ROAD  
City-St-Zip: ATLANTA, GA 30328

Title: MGR ( ) Delete  
Name: CLEMENT, DALLAS S  
Address: 1400 LAKE HEARN DRIVE  
City-St-Zip: ATLANTA, GA 30319

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: FRIEDMAN, MARIA  
Address: 1400 LAKE HEARN DRIVE  
City-St-Zip: ATLANTA, GA 30319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA FRIEDMAN

VP

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date