


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUN -4 AM 10:32

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000393 OMNIPOINT MIAMI-W. PALM BEACH F LICENSE, I LC 3 BETHESDA METRO CENTER, SUITE 400 BETHESDA MD 20814

1a. Principal Place of Business Address 3 BETHESDA METRO CENTER, SUI BETHESDA MD 20814
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 11 Highpoint Drive Suite, Apt. #, etc. City & State Wayne MS Zip 07470	3. Date Organized or Qualified 04/23/1998	3a. State of Formation DE
		4. FEI Number 52-2065644	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	Smith, Douglas G	3 Bethesda Metro Center	Bethesda MD
MGR	Plonskier, Harry	3 Bethesda Metro Center	Bethesda MD

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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: *Harry Plonskier* VP Harry Plonskier 5/29/99 973-290-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER