

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000274

FILED  
Mar 31, 2006  
Secretary of State

Entity Name: ALL WIRELESS SOLUTIONS, LLC

**Current Principal Place of Business:**

4468 SW 64TH AVENUE  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4468 SW 64TH AVENUE  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 65-1065684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KROSS, JONATHAN P ESQ.  
2461 WEST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33442 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: MGRM ( ) Delete  
Name: MAURER, ERIC  
Address: 7604 LEXINGTON LANE  
City-St-Zip: PARKLAND, FL 33067

Title: MGR ( ) Delete  
Name: MAURER, MURRAY J  
Address: 440 VICTORIA TERR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR ( ) Delete  
Name: SALOMON, SCOTT  
Address: 3745 NE 171 ST., ST#8  
City-St-Zip: N MIAMI BCH, FL 33160

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC MAURER

MGRM

03/31/2006

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