# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 09, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L02000024097

1. Entity Name
INTERNET WIRELESS ONLINE - "IWOL", L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2940 W. CROOKED STICK COURT<br>LECANTO, FL 34461 | 2940 W. CROOKED STICK COURT<br>LECANTO, FL 34461 |

**DO NOT WRITE IN THIS SPACE**

07222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2386673
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STILLWELL, CLARK A
320 HIGHWAY 41 SOUTH
INVERNESS, FL 34450

**DO NOT WRITE IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by September 8, 2004**

U00000169504
08/03/04-80003-015 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | QUERY, MARVIN |
| STREET ADDRESS | 2940 W. CROOKED STICK COURT |
| CITY-ST-ZIP | LECANTO, FL 34461 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 7-30-04 352-527-1758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #