

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025019

Entity Name: SHASHO WIRELESS LLC

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

3690 FOXHALL PLACE
WHITE PLAINS, MD 20695

New Principal Place of Business:

6219 PINE SISKIN GLEN
BRADENTON, FL 34202

Current Mailing Address:

3690 FOXHALL PLACE
WHITE PLAINS, MD 20695

New Mailing Address:

6219 PINE SISKIN GLEN
BRADENTON, FL 34202

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: SHASHO, RAYMOND
Address: 3690 FOXHALL PLACE
City-St-Zip: WHITE PLAINS, MD 20695

Title: MGR () Delete
Name: SHASHO, SHARON
Address: 3690 FOXHALL PLACE
City-St-Zip: WHITE PLAINS, MD 20695

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHASHO, RAYMOND A
Address: 6219 PINE SISKIN GLEN
City-St-Zip: BRADENTON, FL 34202

Title: MGR (X) Change () Addition
Name: SHASHO, SHARON
Address: 6219 PINE SISKIN GLEN
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND A SHASHO

MGR

01/15/2004

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