


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90066 008 \*\*\*\*50.00  
 04-30-2004 90065 030 \*\*\*\*55.00

**DOCUMENT # L03000032610**

1. Entity Name  
**ORLANDO WIRELESS, LLC**



Principal Place of Business  
**1591 WILTSHIRE VILLAGE  
 WELLINGTON, FL 33414-8982**

Mailing Address  
**1591 WILTSHIRE VILLAGE  
 WELLINGTON, FL 33414-8982**

**24060488**



2. Principal Place of Business  
**Orlando International Airport**

3. Mailing Address  
**P O Box 210457**

Suite, Apt. #, etc.  
**North Terminal Complex, #7**

Suite, Apt. #, etc.

04122004 Chg-LLC CR2E083 (10/03)

City & State  
**Orlando, FL**

City & State  
**Wellington, FL**

4. FEI Number  
**20-0190309**

Applied For  
 Not Applicable

Zip  
**33421**

Country  
**USA**

Zip  
**33421**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**GOLDSCHMIDT, IRIS  
 1591 WILTSHIRE VILLAGE  
 WELLINGTON, FL 33414-8982**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Iris Goldschmidt* **Iris Goldschmidt** DATE

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGR</b>
STREET ADDRESS	<b>Ilene Berman</b>
CITY-ST-ZIP	<b>P O Box 210457, Wellington, FL 33421</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Iris Goldschmidt* **Iris Goldschmidt** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE