

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000032610  
 1. Entity Name  
 ORLANDO WIRELESS, LLC



Principal Place of Business: ORLANDO INTERNATIONAL AIRPORT, NORTH TERMINAL COMPLEX # 7, WELLINGTON, FL  
 Mailing Address: P.O. BOX 210457, WELLINGTON, FL 33421

**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-LLC CR2E083 (10/03)  
 4. FEI Number: 20-0190309 Applied For / Not Applicable  
 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

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B. 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]* DATE: 4/4/05  
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR NAME: BERMAN, ILENE STREET ADDRESS: P.O. BOX 210457 CITY-ST-ZIP: WELLINGTON, FL 33421
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

UN00000299822  
 04/11/05-80124-011 50.00

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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)(f), 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: *[Signature]* DATE: 4/4/05 DAYTIME PHONE: 561-204-4964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #