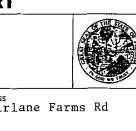
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: 11ene Berman, Manager signature and typed or printed name of signing managing member, manager, or authorized representative



FILED
Jun 07, 2007 8:00 am
Secretary of State

Date

Daytime Phone #

DOCUMENT # L03000032610 1. Entity Name ORLANDO WIRELESS, LLC)	06-07-2007 901	197 026 ******30.	JU	
Principal Place of Business ORLANDO INTERNATIONAL AIRPORT NORTH TERMINAL COMPLEX # 7 WELLINGTON, FL		Mailing Address 3141 Fairlane Farms Rd Suite 8 Wellington FL, 33414			DIL BBLUB JIM BEHR GERL BE	` . Ha esisa ilk a haka akai hak	[4]28		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05182007	Chg-LLC	CR2E083 (12/06	5)		
City & Stat	te	City & State		4. FEI Numl 20-01	ber 90 <mark>309</mark>		Applied For Not Applicable		
Zip	Country	Zip Coun		try	5. Certificate of Status Desired 55.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	HMIDT, IRIS RLANE FARMS RD		Street Address		(P.O. Box Numl	per is Not Acceptable	e)		
	TON, FL 33414		City				□ Zip Co	ndo.	
8. The above named entity submits this statement for the purpose of changing its registered of					ered agent, or b	oth, in the State of Flo	<u> </u>		
the obligations of registered agent. SIGNATURE Signature Typod 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 14, 2007				7,901.	, , , , , , , , , , , , , , , , , , ,	4	e check payable to Department of Sta		
9.	MANAGING MEMB	ERS/MANAGERS	10,			ADDITIONS/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMAN, ILENE 3141 Fairlane Farms Wellington, FL 334						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 tustee empowered to execute this report as required by Chapter 608, Florida Statutes.									