

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90411 011 ***150.00

DOCUMENT # L03000044471 1. Entity Name REDPHONE WIRELESS L.L.C.					
Principal Place of Business 3777 N.E. 163 ST. NORTH MIAMI BEACH, FL 33160			Mailing Address 3777 N.E. 163 ST. NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business 7795 W. Flagler St. Suite #12 City & State: Miami, FL Zip: 33144 Country: USA			3. Mailing Address 7795 W. Flagler St. Suite #12 City & State: Miami, FL Zip: 33144 Country: USA		
4. FEI Number 20-0388436			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			03172004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent GORDON, BRIAN D CPA 12550 BISCAYNE BLVD. #500 NORTH MIAMI, FL 33181			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Makes check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANG, MICHAEL 3777 N.E. 163 ST. NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: Michael Wang President 4/14/04 510-415-2888					