

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090526

FILED  
Jan 02, 2007  
Secretary of State

Entity Name: CELLULAR WAREHOUSE LLC

**Current Principal Place of Business:**

2928 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2928 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770 US

**New Mailing Address:**

FEI Number: 20-3463870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONARD, MICHAEL J  
13681 88TH AVE NORTH  
SEMINOLE, FL 33776 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONARD, MICHAEL J  
Address: 13681 88TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33776 US

Title: MGR ( ) Delete  
Name: CONARD, NATALIE M  
Address: 13681 88TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33776 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CHICLES, PENELOPE  
Address: PO BOX 1022  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL J CONARD

MGR

01/02/2007

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