

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109753

FILED
Apr 28, 2006
Secretary of State

Entity Name: WIRELESS COMMUNICATIONS OF FLORIDA #5, LLC

Current Principal Place of Business:

9700 SOUTH DIXIE HIGHWAY
SUITE 1030
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

9700 SOUTH DIXIE HIGHWAY
SUITE 1030
MIAMI, FL 33185

New Mailing Address:

FEI Number: 20-3834383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOLE, MYRON M
9700 SOUTH DIXIE HIGHWAY
SUITE 1030
MIAMI, FL 33185 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: MGRM () Delete
Name: AMIRA & SONS, L.L.C.,
Address: 9700 SOUTH DIXIE HIGHWAY, STE. 1030
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: MERAM, LOUIS
Address: 9700 SOUTH DIXIE HIGHWAY, STE. 1030
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: LEVIN, TODD
Address: 9700 SOUTH DIXIE HIGHWAY, STE. 1030
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

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

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

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

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: TOM YALDO

CEO

04/28/2006

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