



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 13 AM 11:42 BK 10/13/97	
FILING FEE \$203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company PARAMOUNT WIRELESS COMMUNICATIONS OF FLORIDA, LLC 215 SOUTH MONROE STREET 2ND FLOOR TALLAHASSEE FL 32301				DOCUMENT # L96000001137 1a. Principal Place of Business Address 215 SOUTH MONROE STREET 2ND FLOOR TALLAHASSEE FL 32301			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/28/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		59-3367119			
				5. Date of Last Report		6. Certificate of Status Desired	
						<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent DUNBAR, PETER M 215 SOUTH MONROE STREET 2ND FLOOR TALLAHASSEE FL 32301				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400002322104--3 Suite, Apt. #, etc. -10/16/97--01075--002 ****588.75 ****588.75 City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____				DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MEM	HART, ROBERT A IV	215 SOUTH MONROE ST. 2ND F		TALLAHASSEE FL			
MEM	ROGERS, C. JAMES	215 SOUTH MONROE ST. 2ND F		TALLAHASSEE FL			
MEM	NOLAN, THOMAS A	215 SOUTH MONROE ST. 2ND F		TALLAHASSEE FL			
MEM	MITCHELL, ANITA	215 SOUTH MONROE ST. 2ND F		TALLAHASSEE FL			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: 				9-26-97 504-297-2500			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date Daytime Phone #			