


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 22 AM 10:25	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company GABRIEL WIRELESS, L.L.C. 879 DOVER STREET BOCA RATON FL 33487		DOCUMENT # L98000002561 <i>gg AR CM</i>		1a. Principal Place of Business Address 879 DOVER STREET BOCA RATON FL 33487	
2. Principal Place of Business <i>6971 N. FEDERAL Hwy</i> Suite, Apt., etc. <i>206</i> City & State Zip Country		2a. Mailing Address <i>6971 N. Federal Hwy</i> Suite, Apt., etc. <i>206</i> City & State Zip Country		3. Date Organized or Qualified <i>11/04/1998</i> 3a. State of Formation FL 4. FEI Number <i>65-0873134</i> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <i>NEW</i> 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MULLER, CHARLES E II 9350 S. DIXIE HIGHWAY, SUITE 1550 MIAMI FL 33156			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <i>900002789049</i> City <i>02/26/99-01089-019</i> <i>****120005 ****188.75</i> FL		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	GABRIEL, LAWRENCE J SR	879 DOVER STREET	BOCA RATON 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: <i>Lawrence J. Gabriel</i> <i>Feb 18, 1999</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER AS MANAGING MEMBER OR MANAGER</small>					