

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002561

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: GABRIEL WIRELESS, L.L.C.

## Current Principal Place of Business:

6971 N. FEDERAL HIGHWAY  
#206  
BOCA RATON, FL 33487

## New Principal Place of Business:

## Current Mailing Address:

6971 N. FEDERAL HIGHWAY  
#206  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 65-0873134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLER, CHARLES E II  
7385 GALLOWAY ROAD  
SUITE 200  
MIAMI, FL 33173 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: GABRIEL, LAWRENCE J SR.  
Address: 872 NE 35 STREET  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: GABRIEL, JAMES A  
Address: 794 NW 83 LANE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Change (X) Addition  
Name: GABRIEL, LAWRENCE J JR  
Address: 407 COTTONWOOD LANE  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A GABRIEL

MGR

04/23/2008

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