

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002561

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

FILED
May 13, 2009
Secretary of State

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 (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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 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

MR

05/13/2009

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