2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# M00000001270

Entity Name: ALLTEL WIRELESS HOLDINGS, LLC

Current Principal Place of Business:

ONE ALLIED DRIVE
LITTLE ROCK, AR 72202

New Principal Place of Business:

Current Mailing Address:

ONE ALLIED DRIVE
LITTLE ROCK, AR 72202

New Mailing Address:

FEI Number: 71-0835978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	FORD, SCOTT T	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	MGR	( ) Delete
Name:	FRANTZ, FRANCIS X	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	MGR	( ) Delete
Name:	GARDNER, JEFFERY	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	MGRM	( ) Delete
Name:	BEEBE, KEVIN	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	
Title:	MGRM	( ) Delete
Name:	SETTELMYER, SCOTT	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	EBNER, JOHN	
Address:	ONE ALLIED DRIVE	
City-St-Zip:	LITTLE ROCK, AR 72202	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN EBNER MGRM 06/28/2005

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