

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001270

FILED  
Jan 16, 2008  
Secretary of State

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 ( )

**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: MGRM (X) Delete  
Name: BEEBE, KEVIN L  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: MGRM ( ) Delete  
Name: GASAWAY, SHARILYN S  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: MGRM ( ) Delete  
Name: MASSEY, RICHARD N  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: P ( ) Delete  
Name: BEEBE, KEVIN L  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: T ( ) Delete  
Name: EBNER, JOHN A  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: S ( ) Delete  
Name: LARKIN, HOLLY L  
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: P (X) Change ( ) Addition  
Name: FOX, JEFFERY H  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: AS (X) Change ( ) Addition  
Name: VARGO, DAVID  
Address: ONE ALLIED DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

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: DAVID VARGO

AS

01/16/2008

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