2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

TYPED OR PRINTED NAME OF SE

May 04, 2007 8:00 am Secretary of State **DOCUMENT # M00000001910** 05-04-2007 90309 004 ***150.00 NII COMMUNICATIONS GP. LLC Principal Place of Business Mailing Address 60048597 1717 N. LOOP 1604 EAST, STE 250 1717 N. LOOP 1604 EAST, STE 250 SAN ANTONIO, TX 78232 SAN ANTONIO, TX 78232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2855 S. Congress Avenue 2855 S. Congress Avenue Suite, Apt. #, etc. Suite B Suite, Apt. #, etc. 04242007 CR2E083 (12/06) Cha-LLC <u>uiteB</u> City & State City & State 4. FEI Number Applied For Delray Beach Delray 74-2998379 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHA\$\$EE, FL 32301-2525 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Sole Hember MGRM TITLE Thange Change Addition TITLE □ Delete IH NII Acquisition , LLC NII COMMUNICATIONS, INC. NAME NAME 2855 S. Congress Avenue 1717 N. LOOP 1604 EAST, STE 250 STREET ADDRESS STREET ADDRESS Delray Beach SAN ANTONIO, TX 78232 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ED/Président Addition John S. Patton, Jr. 2855 S. Congress Avenue NAME NAME STREET ADDRESS STREET ADDRESS Delray Booch, FL 33445 CFO, Theasurer and Secretary CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Creorge Gomez-Quintero 2855 S. Congress Avenue NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP Delray Beach, FL 33445 CITY-ST-ZIP Addition __ Change □ Delete TITLE Pirectur Christopher J. Lee NAME NAME STREET ADDRESS STREET ADDRESS 1100 wilsord Black. CITY-ST-ZIP CITY-ST-ZIP Arlination, VA 22209 __ Change TITLE ☐ Delete TITLE Addition Director L. Marcotte NAME NAME 100 WILSON BIVA. STREET ADDRESS STREET ADDRESS rlington, 1A 22209 CITY-ST-ZIP CITY-ST-7IP James K. Doherty, COO Addition TITLE Thanne TITLE Delete NAME 12124 High Tech Ave NAME STREET ADDRESS STREET ADDRESS Orlando, FL 32817 CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not dialify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 eccive or trustee empropered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAQING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED