

APPROVE AND FILED 10f2

01 AUG 17 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> M00000000 2052			
1. Entity Name Orlando CGSA, LLC			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 5565 Glenridge Connector		3. Mailing Address 5565 Glenridge Connector	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1700	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30342	Country	Zip 30342	Country
4. FEI Number 58-1555820		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
The Prentice Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$60.00</b> <b>Make Check Payable to Department of State</b>			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BellSouth Mobility LLC Sole Member 5565 Glenridge Connector Atlanta, GA 30342 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Elizabeth A. Mussell, Auth. Rep.		08/15/01 404/236-5550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083 (11/00)

7000004539617-6

8-17-01

2012



ACCOUNT NO. : 072100000032

REFERENCE : 429056 4386365

AUTHORIZATION : *Patricia Pajaro*

COST LIMIT : \$ 50.00

ORDER DATE : August 16, 2001

ORDER TIME : 9:02 AM

ORDER NO. : 429056-030

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell  
Cingular Wireless  
5565 Glenridge Connector  
Suite 1700  
Atlanta, GA 30342

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: ORLANDO CGSA, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: \_\_\_\_\_