2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90285 005 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # M00000002614

1. Entity Name

HIGHLAND WIRELESS SERVICES L.L.C.

Principal Place of Business	Mailing Address
4400 N. FEDERAL HIGHWAY	4400 N. FEDERAL HIGHWAY
~~SUITE 21000~~	~~SUITE 21000~~
BOCA RATON FL 33431	BOCA RATON FL 33431

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc. SUITE 210	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1063218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TERMAN, DAVID A	NAME	
STREET ADDRESS	~~1113 RUSSELL DRIVE~~ 17 HAWK MTN. RD.	STREET ADDRESS	
CITY-ST-ZIP	~~HIGHLAND BEACH FL 33487~~ LAKE TOXAWAY, NC 28747	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David A. Terman 4/8/04 561-239-9352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #