


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-26-2006 90017 001 \*\*\*\*50.00  
M0100000017

FILED

06 MAY 10 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M0100000017</b>					
1. Entity Name <b>CELLULAR SOUTH EQUIPMENT LEASING, LLC</b>					
Principal Place of Business <b>125 SOUTH CONGRESS ST., STE 1000 JACKSON, MS 39201</b>			Mailing Address <b>125 SOUTH CONGRESS ST., STE 1000 JACKSON, MS 39201</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>64-0934629</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOORE JR, H. EDWARD</b> 220 W. GARDEN ST. SUNTRUST TOWER, 9TH FL PENSACOLA, FL 32501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2008</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEENA, HU 125 SOUTH CONGRESS STREET, STE 1000 JACKSON, MS	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cellular South Inc 125 S. Congress St, Ste 1000 Jackson, MS 39201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYES, SUZY 125 SOUTH CONGRESS STREET, STE 1100 JACKSON, MS	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cellular South Partner, Inc 125 S. Congress St, Ste 1000 Jackson, MS 39201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENT, TONY 125 SOUTH CONGRESS STREET, STE 1100 JACKSON, MS	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CREEKMORE SR, JAMES H 125 SOUTH CONGRESS STREET, STE 1100 JACKSON, MS	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST CREEKMORE JR, WADE H 125 SOUTH CONGRESS STREET, STE 1100 JACKSON, MS	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEGALL, SHERRY 125 S CONGRESS STE STE 1000 JACKSON, MS 39201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Sherry Stegall</i>			Date: <i>4/11/06</i> Daytime Phone #: <i>601-974-7264</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					