


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90361 004 ****50.00

DOCUMENT # M01000000017 1. Entity Name CELLULAR SOUTH EQUIPMENT LEASING, LLC	
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 125 SOUTH CONGRESS ST., STE 1000 JACKSON, MS 39201	Mailing Address 125 SOUTH CONGRESS ST., STE 1000 JACKSON, MS 39201
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 64-0934629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE JR, H. EDWARD
 220 W. GARDEN ST.
 SUNTRUST TOWER, 9TH FL
 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CELLULAR SOUTH INC. 125 SOUTH CONGRESS STREET, STE 1000 JACKSON, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CELLUAR SOUTH PARTNER INC 125 SOUTH CONGRESS STREET, STE 1100 JACKSON, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: B. J. C. P. 4/26/07 601-974-7204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #