


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90042 007 \*\*\*138.75

**DOCUMENT # M0100000017**


1. Entity Name  
**CELLULAR SOUTH EQUIPMENT LEASING, LLC**



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

**60039394**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1018 Highland Colony Pky**      **1018 Highland Colony Pky**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ste 330**      **Ste 330**  
 City & State      City & State  
**Ridgeland MS**      **Ridgeland MS**  
 Zip      Zip      Country      Country  
**39157**      **39157**      **USA**      **USA**



04252008      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**64-0934629**      Not Applicable

5. Certificate of Status Desired       **\$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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELLULAR SOUTH INC. <input type="checkbox"/> Delete 125 SOUTH CONGRESS STREET, STE 1000 JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELLUAR SOUTH PARTNER INC <input type="checkbox"/> Delete 125 SOUTH CONGRESS STREET, STE 1100 JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cellular South Inc 1018 Highland Colony Pky, Ste 330 Ridgeland, MS 39157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cellular Partner Inc 1018 Highland Colony Pky, Ste 330 Ridgeland, MS 39157
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: Benjamin C Pace      **Benjamin C Pace**      4/29/08      601-974-7264  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #