2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # M0100002512 1. Entity Name CELLULAR ONE L.L.C.					01-20-2004 90205 012 ****50.00				
Principal Place	e of Business	Mailing Address	1	 					
3650 131ST AVENUE SE, SUITE 400 BELLEVUE, WA 98006		3650 131ST AVENUE SE, SUITE 400 BELLEVUE, WA 98006						ı	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004	Chg-LLC	CR2E08	33 (10/03)		
City & State		City & State		4. FEI Number 91-2134				pplied For ot Applicable	
Zip	Country .	Zip	Country		5. Certificate of	of Status Desired		5.00 Add ee Require	litional d
2 2	6. Name and Address of Current	Registered Agent	N.		7. Name and	Address of New F	Registered A	gent	
COPPOPA	TION SERVICE COMPANY		l Na	ame	,				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			St	Street Address (P.O. Box Number is Not Acceptable)					
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			Ci	ity			FL	Zip Cod	е
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	egistered of	ffice or register	ed agent, or both	n, in the State of Fl	orida. I am fa	amiliar with,	and accept
SIGNATURE .	: : Signature, typed or printed name of registered agent.	and title if applicable. (NOTE	Registered Ager	nt signature required	when reinstating)		DATE		
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	ling Fee is \$50.00 ue by May 1, 2004	ų1 °.	,	•	• - 1.4	Mai	ce check pa a Departme		
		RS/MANAGERS	10.		• • • • • • • • • • • • • • • • • • •	Mai	ce check pa a Departme		
Di	ue by May 1, 2004	RS/MANAGERS	10.			Mal Florid	ce check pa a Departme		Addition
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rrate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: UNSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE