

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002512

FILED
Feb 13, 2006
Secretary of State

Entity Name: CELLULAR ONE L.L.C.

Current Principal Place of Business:

3650 131ST AVENUE SE, SUITE 400
BELLEVUE, WA 98006

New Principal Place of Business:

ONE ALLIED DRIVE
LITTLE ROCK, AR 72202

Current Mailing Address:

3650 131ST AVENUE SE, SUITE 400
BELLEVUE, WA 98006

New Mailing Address:

ONE ALLIED DRIVE
ATTN: DAVE CAMERON
LITTLE ROCK, AR 72202

FEI Number: 91-2134571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STANTON, JOHN W
Address: 3650 131ST AVENUE SE, SUITE 400
City-St-Zip: BELLEVUE, WA 98006

Title: MGR () Delete
Name: THOMSEN, MIKAL J
Address: 3650 131ST AVENUE SE, SUITE 400
City-St-Zip: BELLEVUE, WA 98006

Title: MGR () Delete
Name: GUTHRIE, DONALD
Address: 3650 131ST AVENUE SE, SUITE 400
City-St-Zip: BELLEVUE, WA 98006

Title: MGR (X) Delete
Name: GILLESPIE, THERESA E
Address: 3650 131ST AVENUE SE, SUITE 400
City-St-Zip: BELLEVUE, WA 98006

Title: MGR (X) Delete
Name: CHRISTIANSON, JEFFREY A
Address: 3650 131ST AVENUE SE, SUITE 400
City-St-Zip: BELLEVUE, WA 98006

Title: MGR (X) Delete
Name: WISEHART, M W
Address: 3650 131ST AVENUE SE, SUITE 400
City-St-Zip: BELLEVUE, WA 98006

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRANTZ, FRANCIS X
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: MGR (X) Change () Addition
Name: FORD, SCOTT T
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: MGR (X) Change () Addition
Name: EBNER, JOHN
Address: ONE ALLIED DRIVE
City-St-Zip: LITTLE ROCK, AR 72202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN EBNER

MGR

02/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date