

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000685

FILED
Aug 11, 2005
Secretary of State

Entity Name: WIRELESS ACCESSORIES, LLC

Current Principal Place of Business:

3901 SW 47TH AVE
DAVIE, FL 33314

New Principal Place of Business:

3901 SW 47TH AVE
SUITE 400
DAVIE, FL 33314

Current Mailing Address:

3901 SW 47TH AVE
DAVIE, FL 33314

New Mailing Address:

3901 SW 47TH AVE
SUITE 400
DAVIE, FL 33314

FEI Number: 46-0470829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: MGRM () Delete
Name: D & L PARTNERS, L.P.,
Address: 13541 WESTON PARK DRIVE
City-St-Zip: TOWN AND COUNTY, MO 63131

Title: MGRM () Delete
Name: KRETSCHMAR, DEAN
Address: 3100 N.E. 57TH ST.
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: DEAN KRETSCHMAR

MGRM

08/11/2005

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