


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001867 1. Entity Name WIRELESS TELCORP FLORIDA, LLC	
---	---

Principal Place of Business 2080 N. HWY. 360, STE. 100 GRAND PRAIRIE, TX 75050	Mailing Address 2080 N. HWY. 360, STE. 100 GRAND PRAIRIE, TX 75050
--	--

DO NOT WRITE IN THIS SPACE



04302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 76-0728606	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

INCORP. SERVICES, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONS, LARRY 2080 N. HWY. 360, STE. 100 GRAND PRAIRIE, TX 75050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWSON, WEYHER 2510 RAEFORD RD. FAYETTEVILLE, NC 28305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOWELL, JIM 1601 ELM ST., 3RD FL DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000358943
05/04/05-80133-018 \$0.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **LARRY SIMMONS** 4/30/05 (972) 641-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #