

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000003587**

1. Entity Name  
**PHONETEC PCS, LLC**



Principal Place of Business  
**3300 NORTH A STREET, BLDG. ONE, STE. 108  
MIDLAND, TX 79705**

Mailing Address  
**3300 NORTH A STREET, BLDG. ONE, STE. 108  
MIDLAND, TX 79705**



04172006No Chg-LLC CRZE063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2868075</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TCS CORPORATE SERVICES, INC.  
515 E. PARK AVE.  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOWERY, JOHN 3300 NORTH A STREET, BLDG. ONE, SUITE 108 MIDLAND, TX 79705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000565230  
05/20/06-80117-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: *John Lowery* **9/27/05 432-684-1140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #