

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001451

FILED
May 31, 2006
Secretary of State

Entity Name: CLEARWIRE LLC

Current Principal Place of Business:

5805 LAKE WASHINGTON BLVD. NE, STE. 300
KIRKLAND, WA 98033

New Principal Place of Business:

5808 LAKE WASHINGTON BLVD. NE, STE. 300
KIRKLAND, WA 98033

Current Mailing Address:

5805 LAKE WASHINGTON BLVD. NE, STE. 300
KIRKLAND, WA 98033

New Mailing Address:

5808 LAKE WASHINGTON BLVD. NE, STE. 300
KIRKLAND, WA 98033

FEI Number: 56-2408571 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CLEARWIRE CORPORATIO, N
Address: 5805 LAKE WASHINGTON BLVD. NE, STE. 300
City-St-Zip: KIRKLAND, WA 98033

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: CLEARWIRE CORPORATIO, N
Address: 5808 LAKE WASHINGTON BLVD. NE, STE. 300
City-St-Zip: KIRKLAND, WA 98033

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: CLEARWIRE CORPORATION

MGMR

05/31/2006

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