

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004174

Entity Name: ALL WIRELESS, LLC

FILED  
Apr 10, 2008  
Secretary of State

## Current Principal Place of Business:

1249 WAGGLE WAY  
NAPLES, FL 341081994

## New Principal Place of Business:

1000 IMMOKALEE ROAD  
#82  
NAPLES, FL 34110

## Current Mailing Address:

1249 WAGGLE WAY  
NAPLES, FL 341081994

## New Mailing Address:

1765 IVY POINTE CT  
NAPLES, FL 341093376

FEI Number: 20-2524685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REALE, BRUCE  
1249 WAGGLE WAY  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

REALE, BRUCE  
1765 IVY POINTE CT  
NAPLES, FL 34109 US

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:

04/10/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: REALE, BRUCE  
Address: 1249 WAGGLE WAY  
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Delete  
Name: VERES, DOUGLAS E  
Address: 1249 WAGGLE WAY  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: REALE, BRUCE  
Address: 1765 IVY POINTE CT  
City-St-Zip: NAPLES, FL 34109

Title: MGR (X) Change ( ) Addition  
Name: VERES, DOUGLAS E  
Address: 1765 IVY POINTE CT  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE REALE

COO

04/10/2008

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