
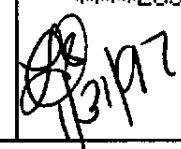
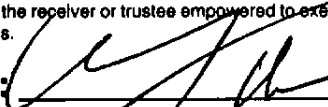


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> M95000000266		1a. Principal Place of Business Address	
CELLNET TELECOMMUNICATIONS OF MICHIGAN, L. L.C. P.O. BOX 71047 MADISON HEIGHTS MI 48071				31075 JOHN R MADISON HEIGHTS MI 48071	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/19/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		38-3209996	
Country		Country		5. Date of Last Report	
				03/22/1996	
7. Name and Address of Current Registered Agent		3a. State of Formation			
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		MI			
		6. Certificate of Status Desired			
		S8 75 Additional Fee Required <input type="checkbox"/>			
		8. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		Zip Code			
		FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GOLDSMITH, RICHARD	31075 JOHN R		MADISON HEIGHTS MI	
MGRM	KOHLMAN, RUSSELL	31075 JOHN R		MADISON HEIGHTS MI	
MGR	DEJOHN, WILLIAM F	31075 JOHN R		MADISON HEIGHTS MI	
MGR	<del>HEINIG, ALAN</del>	<del>31075 JOHN R</del>		<del>MADISON HEIGHTS MI</del>	
				900002080259--2 -02/06/97--01062--014 ****203.75 ****203.75 	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		William F DeJohn		1-23-97 8105854520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	