


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>CELLNET TELECOMMUNICATIONS OF MICHIGAN, L.C.</b> <b>P.O. BOX 71047</b> <b>MADISON HEIGHTS MI 48071</b>				DOCUMENT # M95000000266	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3a. Principal Place of Business Address <b>31075 JOHN R</b> <b>MADISON HEIGHTS MI 48071</b>	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>09/19/1995</b>		3a. State of Formation <b>MI</b>	
		4. FEI Number <b>38-3209996</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report <b>04/20/1998</b>		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.</b> <b>526 E. PARK AVENUE</b> <b>TALLAHASSEE FL 32301</b>				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when renewing)				DATE _____	
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	
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		2/25/99 248-588-3894	
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER					

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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