

**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
--	---	--

FILED  
 09 APR 27 PM 5:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

**1. Name and Mailing Address of Limited Liability Company**      **DOCUMENT # M98000001607**

**AT&T WIRELESS ASSET MANAGEMENT, LLC**  
**P.O. BOX 97061**  
**REDMOND, WA 98073-9761**

**1a. Principal Place of Business Address**

**AT&T WIRELESS ASSET MANAGEMENT, LLC**  
**7277 164TH AVENUE N.E.**  
**REDMOND, WA 98052**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/98	Delaware
City & State		City & State		<b>4. FEI Number</b> 52-2135784	<input type="checkbox"/> Applied For
Zip		Country			<input type="checkbox"/> Not Applicable
				<b>5. Date of Last Report</b> (1st report)	<b>6. Certificate of Status Desired</b> \$875 Additional Fee Required <input type="checkbox"/>

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

**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, Florida 33324**

**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 \_\_\_\_\_

**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 reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	AT&T Wireless Services, Inc.	7277 164th Avenue N.E.	Redmond, WA 98052

8000002868008--2  
 -05/07/99--01126--009  
 \*\*\*\*188.75 \*\*\*\*188.75

*OK*

**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. 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. BY: AT&T Wireless Services, Inc., Its Manager**

**SIGNATURE:** \_\_\_\_\_ **April 15, 1999 425-580-6000**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER