

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031035

FILED
Jul 06, 2005
Secretary of State

Entity Name: SPEELMAN MICROWAVE CONSULTING LLC

Current Principal Place of Business:

12338-1 WOODROSE COURT
FORT MYERS, FL 339074618 US

New Principal Place of Business:

3932 COCONUT DRIVE
SAINT JAMES CITY, FL 33956 US

Current Mailing Address:

12338-1 WOODROSE COURT
FORT MYERS, FL 339074618 US

New Mailing Address:

3932 COCONUT DRIVE
SAINT JAMES CITY, FL 33956 US

FEI Number: 20-0265296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SPEELMAN, RANDAL J
12338-1 WOODROSE COURT
FORT MYERS, FL 339074618 US

Name and Address of New Registered Agent:

SPEELMAN, RANDAL J
3932 COCONUT DRIVE
SAINT JAMES CITY, FL 33956 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:

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPEELMAN, RANDAL J
Address: 12338-1 WOODROSE COURT
City-St-Zip: FORT MYERS, FL 339074618 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPEELMAN, RANDAL J
Address: 3932 COCONUT DRIVE
City-St-Zip: SAINT JAMES CITY, FL 33956 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RANDAL J SPEELMAN

MGR

07/06/2005

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