

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039236

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** MICRO INTEGRATED TECHNOLOGY, LLC

**Current Principal Place of Business:**

136 BRISTOL FOREST TRL  
SANFORD, FL 32771

**New Principal Place of Business:**

1983 CORPORATE SQUARE  
LONGWOOD, FL 32750

**Current Mailing Address:**

136 BRISTOL FOREST TRL  
SANFORD, FL 32771

**New Mailing Address:**

P.O BOX 952394  
LAKE MARY, FL 32795

FEI Number: 80-0078672      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:**

OTERO, RICHARD  
7715 SW 86 STREET  
SUITE A2-411  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

HAJI, ASGHER  
P.O BOX 952394  
LAKE MARY, FL 32795 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: ASGHER HAJI

06/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAJI, ASGHAR  
Address: 136 BRISTOL FOREST TRAIL  
City-St-Zip: SANFORD, FL 32771 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HAJI, ASGHER  
Address: P.O BOX 952394  
City-St-Zip: LAKE MARY, FL 32795 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: ASGHER HAJI

MGR

06/30/2005

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