

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90147 050 \*\*\*\*50.00

DOCUMENT # M02000000984  
 1. Entity Name  
 INTEGRATED WIRELESS CONSULTING L.L.C.



Principal Place of Business  
 801 INTERNATIONAL PARKWAY  
 LAKE MARY, FL 32746  
*Same as*

Mailing Address  
 1421 SHADWELL CIRCLE  
 LAKE MARY, FL 32746

24078902



2. Principal Place of Business  
 1421 Shadwell Cir

3. Mailing Address

Suite, Apt. #, etc.

07212004 Chg-LLC CR2E083 (10/03)

City & State  
 Lake Mary, FL

City & State  
 FL

Zip  
 32746

Country

4. FEI Number  
 30-0001728

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KOSSEIFFI, MARIO  
 801 INTERNATIONAL PARKWAY  
 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent  
 Name  
 Salma A. Yousif  
 Street Address (P.O. Box Number is Not Acceptable)  
 1421 Shadwell Cir.  
 City  
 Lake Mary, FL Zip Code  
 32746

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 7/20/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAILAB, DAWIT 1421 SHADWELL CIRCLE LAKE MARY, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSSIEFI, MARIO 801 INTERNATIONAL PKWY LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, JOSEPH 12477 TELELOMOVIVE TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: *[Signature]* DATE 7/20/2004 (407) 538-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE