

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003220 1. Entity Name LCC WIRELESS DESIGN SERVICES, LLC	
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FILED

2008 SEP 25 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7925 JONES BRANCH DRIVE MCLEAN, VA 22102	Mailing Address 7925 JONES BRANCH DRIVE MCLEAN, VA 22102
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2. Principal Place of Business - No P.O. Box # 7900 WESTPARK DR.	3. Mailing Address 7900 WESTPARK DR.
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Suite, Apt. #, etc. SUITE A315	Suite, Apt. #, etc. SUITE A315
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City & State MCLEAN, VA	City & State MCLEAN, VA
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Zip 22102	Country USA	Zip 22102	Country USA
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03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2374735	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	SVP DELISO, PETER A <input type="checkbox"/> Delete	TITLE	SVP DELISO, PETER A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7925 JONES BRANCH DRIVE	NAME	7900 WESTPARK DR. SUITE A315
STREET ADDRESS	MCLEAN, VA 22102	STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CEO DOUGLAS, DEAN <input type="checkbox"/> Delete	TITLE	CEO DOUGLAS, DEAN J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7925 JONES BRANCH DR	NAME	7900 WESTPARK DR. SUITE A315
STREET ADDRESS	MCLEAN, VA 22102	STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CFO SALAMONE, LOU <input type="checkbox"/> Delete	TITLE	CFO SALAMONE, LOUIS JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7925 JONES BRANCH DR	NAME	7900 WESTPARK DR. SUITE A315
STREET ADDRESS	MCLEAN, VA 22102	STREET ADDRESS	MCLEAN, VA 22102
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

500136379755
09/26/08--01027--006 **138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Floyd Twyman FLOYD TWYMAN 3-25-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #