

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000580

FILED
Mar 04, 2008
Secretary of State

Entity Name: MICROWAVE INSTRUMENTATION TECHNOLOGIES, LLC

Current Principal Place of Business:

1125 SATELLITE BLVD., SUITE 100
SUWANEE, GA 30024

New Principal Place of Business:

Current Mailing Address:

1125 SATELLITE BLVD., SUITE 100
SUWANEE, GA 30024

New Mailing Address:

FEI Number: 31-1572539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BREYER, JOHN E
Address: 1125 SATELLITE BLVD., SUITE 100
City-St-Zip: SUWANEE, GA 30024

Title: MGR () Delete
Name: BATCHELOR, KEVIN R
Address: 18 HOLLY LANE
City-St-Zip: LAWRENCEVILLE, NJ 086481040

Title: MGR () Delete
Name: SMITH, CHARLES R III
Address: 1125 SATELLITE BLVD., SUITE 100
City-St-Zip: SUWANEE, GA 30024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES R. SMITH, III

MGR

03/04/2008

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