

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039525

1. Entity Name
RECLANT, L.L.C.



Principal Place of Business
**270 N. CONVENT ST.
BOURBONNAIS, IL 60914**

Mailing Address
**P.O. BOX 410
BOURBONNAIS, IL 60914**



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORTELL, EDWIN E III ESQ
PETERSON, BERNARD, VANDENBERG, ET AL
301 E. OCEAN BLVD., STE. 200
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REPEATER NETWORK SPECTRUM
270 N. CONVENT ST.
BOURBONNAIS, IL 60914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FITZGERALD, HARRY
P.O. BOX 99 270 NORTH CONVENT
BOURBONNAIS, IL 60914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEISMAN, DAVID E
301 N. FAIRFAX ST., STE. 101
ALEXANDRIA, VA 22314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000447509
03/08/06-80060-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

2/20/06 561-719-9442

Date

Daytime Phone #