


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000039525</b> 1. Entity Name: <b>RECLANT, L.L.C.</b>	
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Principal Place of Business <b>270 N. CONVENT ST. BOURBONNAIS, IL 60914</b>	Mailing Address <b>P.O. BOX 410 BOURBONNAIS, IL 60914</b>
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04032007No 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REPEATER NETWORK SPECTRUM 270 N. CONVENT ST. BOURBONNAIS, IL 60914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FITZGERALD, HARRY P.O. BOX 99 270 NORTH CONVENT BOURBONNAIS, IL 60914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEISMAN, DAVID E 301 N. FAIRFAX ST., STE. 101 ALEXANDRIA, VA 22314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/07-80017-017 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

4-11-07 815-937-1273  
Date Daytime Phone #