2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000039525

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

Principal Place of Business	Mailing Address
270 N. CONVENT ST. BOURBONNAIS, IL 60914	P.O. BOX 410 BOURBONNAIS, IL 60914

03102008No Chg-LLC CR2E083 (12/07)

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

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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

U00000871981
04/10/08-80020-010 138.75

9. MANAGING MEMBERS/MANAGERS

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

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: _____ 3-10-08 815 937-1273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #