

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

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

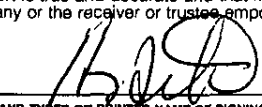
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000871981
04/10/08-80020-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE 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	

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

Date

Daytime Phone #

3-10-08 **815** **937-1273**