

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90154 050 *****55.00

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06032004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M00000000061					
1. Entity Name SPACE GATEWAY SUPPORT, LLC					
Principal Place of Business P.O. BOX 21237, MAIL CODE SGS-2080-310 KENNEDY SPACE CENTER, FL 32815-0237		Mailing Address P.O. BOX 21237, MAIL CODE SGS-2080-310 KENNEDY SPACE CENTER, FL 32815-0237			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1908987	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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		PETER F. SOUZA ASSISTANT SECRETARY		DATE 7/1/04	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	mgrm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTCHKO, MICHAEL J		NAME	Sample, William A.	
STREET ADDRESS	P.O. BOX 21237, MAIL CODE SGS 2080		STREET ADDRESS	PO Box 21237, mail code SGS-310	
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 328150237		CITY-ST-ZIP	Kennedy Space Center, FL 328150237	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTY, WILLIAM E		NAME		
STREET ADDRESS	2411 DULLES COMMERCIAL PARK		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20170		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLANGELO, PETER A		NAME		
STREET ADDRESS	P.O. BOX 21237, MAIL CODE SGS 2080		STREET ADDRESS		
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 328150237		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, DENNIS G		NAME		
STREET ADDRESS	HANGER R&D BLDG. #1708		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32845		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William Sample</i>				DATE: 6-10-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	