

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M0000000061

1. Entity Name
 SPACE GATEWAY SUPPORT, LLC



Principal Place of Business Mailing Address
 P.O. BOX 21237, MAIL CODE SGS 310 P.O. BOX 21237, MAIL CODE SGS 310
 KENNEDY SPACE CENTER, FL 32815-0237 KENNEDY SPACE CENTER, FL 32815-0237



02232005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1908987	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMPLE, WILLIAM A P.O. BOX 21237, MAIL CODE SGS 310 KENNEDY SPACE CENTER, FL 328150237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTY, WILLIAM E 2411 DULLES COMMERCIAL PARK HERNDON, VA 20170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLANGELO, PETER A P.O. BOX 21237, MAIL CODE SGS 2080 KENNEDY SPACE CENTER, FL 328150237
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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: *William Sample*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-10-05

Date Daytime Phone #