

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000000061

1. Entity Name

SPACE GATEWAY SUPPORT, LLC



Principal Place of Business

P.O. BOX 21237, MAIL CODE SGS 310
KENNEDY SPACE CENTER, FL 32815-0237

Mailing Address

P.O. BOX 21237, MAIL CODE SGS 310
KENNEDY SPACE CENTER, FL 32815-0237



02232005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1908987

Applied For

Not Applicable

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000264014
03/15/05-88013-010 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-10-05

Date

Daytime Phone #