

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 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



07032006 No Chg-LLC

CR2E083 (11/05)

**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.

**Peter F. Souza**  
**Assistant Secretary**

7/20/06

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 September 6, 2006**

U00000571698  
07/21/06-80006-009 55.00

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

**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:**

*William Sample*

7.5.06

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

Date

Daytime Phone #