


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

**FILED**

2007 JAN 30 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 54-1908987	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> 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

SIGNATURE \_\_\_\_\_ DATE 1/25/07

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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 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 Date 1/16/07

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