


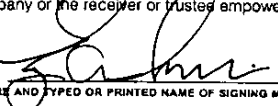
FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90027 042 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

60028959



DOCUMENT # M00000000061					
1. Entity Name SPACE GATEWAY SUPPORT, LLC					
Principal Place of Business 1980 N. ATLANTIC AVE. SUITE 330 COCOA BEACH, FL 32931		Mailing Address 1980 N. ATLANTIC AVE. SUITE 330 COCOA BEACH, FL 32931			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1908987	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	EXECUTIVE MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMPLE, WILLIAM A		NAME	CARTY, WILLIAM E	
STREET ADDRESS	P.O. BOX 21237, MAIL CODE SGS 310		STREET ADDRESS	2411 DULLES CORNER PARK, 8th FLOOR	
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 328150237		CITY-ST-ZIP	HERNDON, CA 20171	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTY, WILLIAM E		NAME	LEONG, JEFF	
STREET ADDRESS	2411 DULLES COMMERCIAL PARK		STREET ADDRESS	2411 DULLES CORNER PARK, 8th FLOOR	
CITY-ST-ZIP	HERNDON, VA 20170		CITY-ST-ZIP	HERNDON, VA 20171	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLANGELO, PETER A		NAME	FOLEY, DAVID W	
STREET ADDRESS	P.O. BOX 21237, MAIL CODE SGS 2080		STREET ADDRESS	7121 FAIRWAY DRIVE, STEER301	
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 328150237		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
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		
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 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: 		EDGAR A SMITH, SECRETARY		4/16/08 (703) 713-4497	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	