

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031922

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** GATEWAY PROPERTY GROUP, L.L.C.

**Current Principal Place of Business:**

10901 DANKA WAY NORTH  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

10901 DANKA WAY NORTH  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 56-2310524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, STEVEN W  
8200 BRYAN DAIRY ROAD STE. 300  
LARGO, FL 33777 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCLAIN TRUST, MARY PATRICIA  
Address: 10901 DANKA WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR ( ) Delete  
Name: DOWNS, RICHARD  
Address: 10901 DANKA WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: DOWNS, RICHARD  
Address: 10901 DANKA WAY NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD DOWNS

MGR

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date