


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90381 012 ****50.00

DOCUMENT # L04000060181
 1. Entity Name
 GATEWAY DEVELOPMENT ASSOCIATES, LLC



Principal Place of Business
 C/O JOHN A. MORAN
 22 S. LINKS AVENUE, SUITE 300
 SARASOTA, FL 34236

Mailing Address
 C/O JOHN A MORAN
 P.O. BOX 3948
 SARASOTA, FL 34230

20022138



2. Principal Place of Business
 c/o John A. Moran

3. Mailing Address

Suite, Apt. #, etc.
 1990 Main Street, Suite 700

Suite, Apt. #, etc.

City & State
 Sarasota, Florida

City & State

Zip
 34236

Country
 U.S.

Zip

Country

03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 27-0102120

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, JOHN A
 22 S. LINKS AVENUE, SUITE 300
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

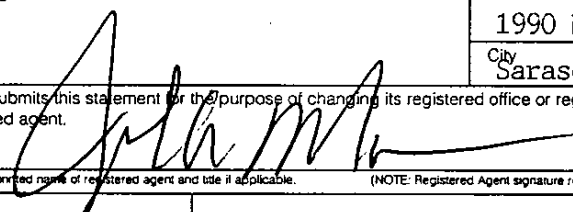
Name

Street Address (P.O. Box Number is Not Acceptable)

1990 Main Street, Suite 700

City Sarasota FL Zip Code 34236

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  DATE 3-14-05

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

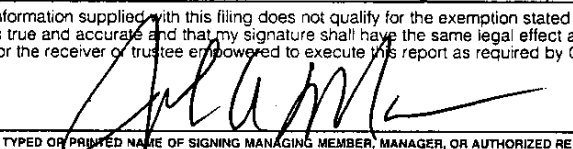
Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John A. Moran 1990 Main Street, Suite 700 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 3-14-05 DAYTIME PHONE # 941/366-0115

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

John A. Moran, Authorized Manager