

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074938

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: CST GATEWAY TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1535 S.W. 2ND AVENUE  
SUITE 2  
MIAMI, FL 33129

**New Principal Place of Business:**

1420 BRICKELL BAY DRIVE  
PH4  
MIAMI, FL 33131

**Current Mailing Address:**

1535 S.W. 2ND AVENUE  
SUITE 2  
MIAMI, FL 33129

**New Mailing Address:**

1420 BRICKELL BAY DRIVE  
PH4  
MIAMI, FL 33131

FEI Number: 75-3213755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, DONALD P ESQ  
701 BRICKELL AVE,  
31ST FLOOR  
MIAMI, FL 33131 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: SCHUSTER, MEL  
Address: 1535 SW 2ND AVE STE 2  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete  
Name: CARLTON, RICHARD M MD  
Address: 3 SECOR DR  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGR ( ) Delete  
Name: TSE, JOHN K  
Address: 281 PIEDMONT RD  
City-St-Zip: NORWOOD, NJ 07648

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHUSTER, MEL  
Address: 1420 BRICKELL BAY DRIVE, PH4  
City-St-Zip: MIAMI, FL 33131

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

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

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: MEL SCHUSTER

MGRM

04/05/2007

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