


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000115863 1. Entity Name GATEWAY BUSINESS CENTER, LLC	
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Principal Place of Business 5601 CORPORATE WAY, SUITE 404 WEST PALM BEACH, FL 33407	Mailing Address 5601 CORPORATE WAY, SUITE 404 WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1153895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407

**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.

SIGNATURE _____ DATE _____
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**

U00000608051
01/31/07-80061-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAXMAN, BRIAN K 5601 CORPORATE WAY, SUITE 404 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM APPLEFIELD, PETER J 5601 CORPORATE WAY, SUITE 404 WEST PALM BEACH, FL 33407
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IN THIS SPACE**

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: *Peter J Applefield* 1/26/07 561-687-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #