


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90030 032 ****55.00

DOCUMENT # LC000046742
1. Entity Name GATEWAY REVERSE 1060 LLC



DO NOT WRITE IN THIS SPACE

40070093

2. Principal Place of Business
433 12TH STREET SE
Suite, Apt. #, etc.

3. Mailing Address
1116 SHORE DRIVE
Suite, Apt. #, etc.

CR2E083B (8/05)

City & State VERO BEACH, FLORIDA BRIELLE, NJ
4. FEI Number 22-2486057 Applied For
Not Applicable

Zip 32963 Country USA Zip 08730 Country USA
5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RON REBA
Street Address (P.O. Box Number is Not Acceptable)
433 12TH STREET SE
City VERO BEACH FL Zip Code 32963

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 RON REBA - Ronald W. Reba DATE APRIL 10, 2007

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>RON REBA</u> <u>1116 SHORE DRIVE</u> <u>BRIELLE, NJ 08730</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Ronald W. Reba DATE APRIL 10, 2007 - 732-586-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #