


**FILE NOW: Fee after May 1, will be \$588.75**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L94000000364</b>
1180 GATEWAY, L.C. 1180 SW 36 AVE POMPANO BEACH FL 33069	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
1180 SW 36 AVE POMPANO BEACH FL 33069

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/01/1994	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0503401	5. Date of Last Report
			04/05/1996
			6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
FRIEDMAN, ANDREW R 5355 TOWN CENTER RD SUITE 801 BOCA RATON FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	O'DONNELL DAVIS, INC.	P.O. BOX 7395 N/A	PRINCETON NJ
			200002103942--3 -03/04/97--01096--005 ****212.50 ****212.50

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #