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DOCUMENT # A28776 1. Entity Name					T (: ::		
GATEWAY INDUSTRIAL CENTRE, LTD.					FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS ←		
Principal Place of Business Mailing Address					00 APR 28 AM 3: 05		
18167 US HW	Y, 6	18167 US HWY 19 N.			00 M V ED WIL 2: 03		
SUITE 660	.,	SUITE 660			•		
CLEARWATER FL 33764 CLEARWATER FL 33764-6569					\$ 100 (B) (\$ 100) 100 (100) 100 (B) (B) (B) (B)	DIDIL GIBIT DIGIL DIDIL 1881	
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	е	City & State	City & State		4. FEI Number 59-2977088	Applied For Not Applicable	
Zip	Country	Zip	Country	y	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
A 1 ********	/ MIDUOTDIAL AGGGGGTTG 415		ļ	Name			
	/ INDUSTRIAL ASSOCIATES, INC.			Street Address (P.O. Box Number is Not Acceptable)			
	: HWY. 19 N.		-				
SUITE 660	TER FL 33764		-	City Zip Code			
OCLANIVA	MEN 1 E 55764			City FL Zip Code			
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.							
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	Registered A	gent signature required v			
9. Capital Cor as Shown of		10. Amount of Capital (in FLORIDA to date	Contribu	ibutions 1, 342, 511. 78 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
ao onomi	A GENERAL PARTNER TH	IAT IS A BUSINESS ENTI	TY MÚS	ST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partn		
12,	GENERAL PARTNER		13.	an amendment	ADDRESS CHANGES ONLY		
DOCUMENT#	S03076		1	ADDRESS			
NAME	gateway industrial associa'	tes, Inc.	SIRE	ALIUMESS	DRESS		
STREET ADDRESS CITY-ST-ZIP	18167 US HWY 19, N.,#660 CLEARWATER FL	• • • • •	CITY-SI	:T-ZIP			
DOCUMENT# NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-SI	:T-29P	- CAAAASSES		
DOCUMENT# NAME			STREET	ADDRESS	5000032667: -05/25/00010 ****526-25	70009	
STREET ADDRESS CITY+ST-ZIP			CITY-SI	T-ZIP			
DOCUMENT# NAME			STREET	ADDRESS			
STREET ADDRESS City-St-Zip			CITY-SI	IT-ZIP			
DOCUMENT# NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST	st-ZIP			
DOCUMENT #			STREET	ADDRESS			
STREET ADORESS CITY - ST - ZIP				ıı-zıp			
14. I hereby of indicated	certify that the information supplied with t on this report is true and accurate and t	his filing does not qualify for the hat my signature shall have the	e same le	egal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify ade under oath; that I am a General Partner of th	r that the information e limited partnership or	

R. KELLEY JOHNSON, PRESIDENT

GATEWAY TINDUSTRIAL ASSOCIATES, INC. 4/3/00

Date the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes