

2001 UNIFORM BUSINESS REPORT (UBR)

0004642 AF

DOCUMENT # A93000001281

1. Entity Name
GATEWAY ASSOCIATES, LTD.

Principal Place of Business THE GILLER BUILDING 975 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140	Mailing Address THE GILLER BUILDING 975 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
01 APR 26 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0450982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLER, NORMAN M 975 ARTHUR GODFREY RD. SUITE 401 MIAMI BEACH FL 33140	Name: Street Address (P.O. Box Number is Not Acceptable): 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$845,460.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000082455 GATEWAY GROUP, INC. 975 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140	STREET ADDRESS CITY - ST - ZIP	XXXXXXXXXX-3 05/17/01--01005--012 ***535.00 ***535.00
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *NORMAN M. GILLER* **Pres** **4/17/01** **305-538-6324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)