


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001281

1. Entity Name
GATEWAY ASSOCIATES, LTD.



Principal Place of Business Mailing Address

THE GILLER BUILDING **THE GILLER BUILDING**
975 ARTHUR GODFREY ROAD **975 ARTHUR GODFREY ROAD**
MIAMI BEACH, FL 33140 **MIAMI BEACH, FL 33140**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For

65-0450982 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLER, NORMAN M
975 ARTHUR GODFREY RD.
SUITE 401
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Norman M. Giller, President Gateway Group Inc* DATE 4/26/04

9. Capital Contributions as Shown on record \$845,460.00 10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #	P93000082455
NAME	GATEWAY GROUP, INC.
STREET ADDRESS	975 ARTHUR GODFREY ROAD
CITY - ST - ZIP	MIAMI BEACH, FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100000157807
CITY - ST - ZIP	05/06/04-80034-007 535.00
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE