


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001281**

1. Entry 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  
 State, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 State, Apt. #, etc.  
 City & State  
 Zip Country

02152005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0450982**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P93000082455</b> <b>GATEWAY GROUP, INC.</b> <b>975 ARTHUR GODFREY ROAD</b> <b>MIAMI BEACH, FL 33140</b>	STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>U00000369486</b> <b>06/10/05-90012-009 535.00</b>
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STAPLE CHECK HERE

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:  as Pres. Gateway Assoc 4/20/05 305 535-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER