
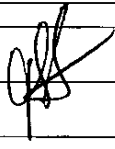


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 MAR 26 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 ANITA S. GROSSMAN Street Address (P.O. Box Number is Not Acceptable) 975 ARTHUR GODFREY RD SUITE 401 City MIAMI BEACH FL Zip Code 33140	
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 <i>Anita S. Grossman, President</i>		DATE 3/19/07	
<p><b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b></p> <p><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P93000082455	NAME GATEWAY GROUP, INC.	STREET ADDRESS	
STREET ADDRESS 975 ARTHUR GODFREY ROAD	CITY-ST-ZIP MIAMI BEACH, FL 33140	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	900095702859 04/03/07--01055--013 **508.75
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Anita S. Grossman</i>		DATE 3/19/07 305 538-6324	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE