

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 <u>ANITA S. GROSSMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>975 ARTHUR GODFREY RD</u> <u>SUITE 401</u> City <u>MIAMI BEACH</u> <u>FL</u> Zip Code <u>33140</u>	
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 <u>Anita S. Grossman, President</u> DATE <u>3/19/07</u>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
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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: <u>Anita S. Grossman</u> Anita S. Grossman			Date <u>3/19/07</u> Daytime Phone # <u>305 538-6324</u>		

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