


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # A96000000311 1. Entity Name GATEWAY INVESTORS, LTD. |  |
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| Principal Place of Business 2033 WOOD ST., STE. 118 SARASOTA, FL 34237 | Mailing Address P.O. BOX 5335 SARASOTA, FL 34277-5335 |
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| DO NOT WRITE IN THIS SPACE |
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02212007 No Chg-LP CR2E003 (12/06)

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| 4. FEI Number 65-0655404 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GULF COAST PROPERTY SERVICES, INC. 2033 WOOD ST., STE. 118 SARASOTA, FL 34237 |
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| DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | |
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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 | |
|---------------------------------|---|
| DOCUMENT # | H80044 |
| NAME | GULF COAST PROPERTY SERVICES, INC. |
| STREET ADDRESS | 2033 WOOD ST., STE. 118 |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| <p>U000000687693 04/10/07-80050-011 500.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | 2/22/07 <small>Date</small> | 741 923 2114 <small>Daytime Phone #</small> |
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STAPLE CHECK HERE