


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 30 AM 9:44

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| DOCUMENT # A97000001845 | |  | |
| 1. Entity Name GATEWAY OFFICE HOLDINGS, LTD. | | | |
| Principal Place of Business 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131 | | Mailing Address 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131 | |
| 2. Principal Place of Business 600 Brickell Ave Suite, Apt. #, etc. #201 City & State MIA FL Zip 33131 Country USA | | 3. Mailing Address 600 Brickell Ave Suite, Apt. #, etc. #201 City & State MIA FL Zip 33131 Country USA | |
| 04212005 Chg-LP CR2E003 (10/03) | | 4. FEI Number 65-0780453 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PARAGON, LUIS 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name PARAGON, LUIS Street Address (P.O. Box Number is Not Acceptable) 600 BRICKELL AVE STE #201 City MIA FL Zip Code 33131 | |
| 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>Luis Paragon</i> DATE 4/27/05 | | | |
| 9. Capital Contributions as Shown on record. \$1,244,762.50 | | 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 | P97000073363 GATEWAY GENERAL PARTNER, INC. 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131 | STREET ADDRESS CITY-ST-ZIP | 600 BRICKELL AVE STE #201 MIA FL 33131 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 000057098780 07/06/05--01068--012 **535.00 |
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| 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: <i>Luis Paragon</i> DATE 4/27/05 | | | |

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #