
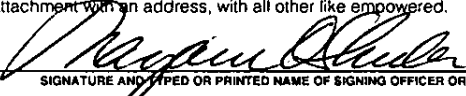


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90053 001 ****75.00
02-18-2008 90053 002 ****75.00

| | | | | | |
|--|----------------------------|---|--|--|--|
| DOCUMENT # F95000006150 | | | |  | |
| 1. Entity Name GATEWAY SOUTHEAST PROPERTIES, INC. | | | | | |
| Principal Place of Business 300 NORTH LAKE AVENUE SUITE 620 PASADENA, CA 91101 US | | | Mailing Address 300 NORTH LAKE AVENUE SUITE 620 PASADENA, CA 91101 US | | |
| 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 | 4. FEI Number 95-4556237 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | VAS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUEHNER, EARL W | | NAME | | |
| STREET ADDRESS | 300 NORTH LAKE AVE STE 620 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PASADENA, CA | | CITY-ST-ZIP | | |
| TITLE | PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RADEMACHER, GREGG | | NAME | | |
| STREET ADDRESS | 300 NORTH LAKE AVE STE 620 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PASADENA, CA | | CITY-ST-ZIP | | |
| TITLE | VS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHULER, MARGARET O | | NAME | | |
| STREET ADDRESS | 300 NORTH LAKE AVE STE 620 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PASADENA, CA | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MUIR, DAVID L | | NAME | | |
| STREET ADDRESS | 300 NORTH LAKE AVE STE 620 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PASADENA, CA | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Janice Golden | |
| STREET ADDRESS | | | STREET ADDRESS | 300 N Lake Ave Ste 620 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Pasadena, CA 91101 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | MARGARET O SHULER VICE PRESIDENT & SECRETARY | | 1/17/08 626-6000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |