

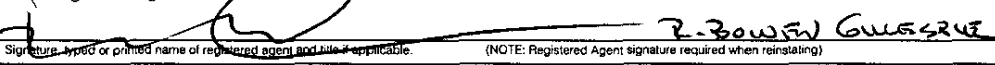
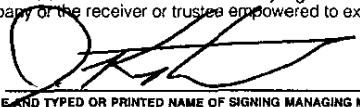


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90019 025 ****50.00

DOCUMENT # L00000000363 1. Entity Name GATEWAY 3000 INVESTMENT GROUP, LLC					
Principal Place of Business 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308			Mailing Address 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308		
2. Principal Place of Business 1700 N.W. 64 Street Suite, Apt. #, etc. Suite 300 City & State Fort Lauderdale, FL Zip 33309		3. Mailing Address 1700 N.W. 64 Street Suite, Apt. #, etc. Suite 300 City & State Fort Lauderdale, FL Zip 33309			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 65-0978494	
Zip 33309		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOODY, DONALD J 3099 E. COMMERCIAL BLVD., #200 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name R. Bowen Gillespie Street Address (P.O. Box Number is Not Acceptable) 1515 S. Federal Highway, Suite 306 City Boca Raton, FL Zip Code 33432	
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  R. Bowen Gillespie 2-27-04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIDWELL, JACK KEITH 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIDWELL, JACK KEITH 1700 N.W. 64 Street, Suite 300 Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISCHER, CHARLES W JR 4057 N.E. 5TH TERRACE OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Kidwell, Jack Keith 1700 N.W. 64 Street, Suite 300 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			JAN. 11, 2004 954-771-1212		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		