# 2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

### **ANNUAL REPORT** DOCUMENT # L00000002297

ANA GATEWAY L.C.

Principal Place of Business

1. Entity Name

Malling Address

2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180

2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180

#### **FILED** Mar 20, 2006 08:00 AM **Secretary of State**



02032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ. 8030 PETERS ROAD BUILDING D SUITE 104 PLANTATION, FL 33324

# DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing the obligations of registered agent	ng its registered office or registered agent, or t	ooth, in the State of Florida.	1 am familiar with, and accept
	the obligations of registered agent.			
31	GNATURE	(NOTE Registered Agent signature required when reinstating)	1	DATE

#### Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ISAAC 2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS ENTY-ST-ZIP	
name Name Street address Caly-St-Zip	cortify that the information execution wheth his filling does not qualify for the ex

1100000475617 04/05/06-80024-001 50.00

# DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

URE:
SIGNATURE AND TYPED OR PHINTED MARKE OF SKINING MANAGING MEMBER, ON AUTHORIZED REPRESENTATIVE

305-945-0405

Daytime Phone #