


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000002297

1. Entity Name
ANA GATEWAY L.C.



Principal Place of Business
**2875 N.E. 191 STREET, PENTHOUSE 1
 AVENTURA, FL 33180**

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

DO NOT WRITE IN THIS SPACE



03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE Applied Fee
 Not Applicable

5. Certificate of Status Destroyed **\$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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000583065
 03/27/07-80056-010 50.00

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **3/15/07** DAY/PHONE: **305-945-0405**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #