

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90004 022 ****50.00

DOCUMENT # L00000007670

1. Entity Name

GATEWAY INVESTMENTS, L.L.C.



Principal Place of Business
27299 RIVERVIEW CENTER BLVD., STE 102
BONITA SPRINGS FL 34134

Mailing Address
3240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

27299 Riverview Center Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Suite #102

City & State

Bonita Springs, FL

Zip

Country

Zip

Country

34134

US

4. FEI Number **59-2669240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENWIESER, DIETER CENTER
27299 RIVERVIEW CENTER BLVD., STE 102
BONITA SPRINGS FL 34134

Name

Dieter Wenwieser (Correction)

Street Address (P.O. Box Number is Not Acceptable)

27299 Riverview Center Blvd

Suite #102

City

Bonita Springs,

FL

Zip Code

34134

8. The above named agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **WENWIESER, DIETER CENTER**
STREET ADDRESS **27299 RIVERVIEW CENTER BLVD., STE 102**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **MGR** ☐ Change ☐ Addition
NAME **Dieter Wenwieser** **Correction**
STREET ADDRESS **27299 Riverview Center Blvd #102**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)