2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# L02000024818

Entity Name: GATEWAY-PINPOINT, LLC

Current Principal Place of Business:

13500 SUTTON PARK DRIVE SOUTH, SUITE 204
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13500 SUTTON PARK DRIVE SOUTH, SUITE 204
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 56-2296852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

PITCAIRN, JAMES R MR.
13500 SUTTON PARK DRIVE SOUTH
STE 204
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: JULIE PITCAIRN 02/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STOUDEMIRE, CARL E III
Address: 13500 SUTTON PARK DRIVE SOUTH, SUITE 204
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete
Name: PITCAIRN, JAMES R III
Address: 13500 SUTTON PARK DRIVE SOUTH, SUITE 204
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE PITCAIRN MS 02/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date