


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90014 012 ****50.00

DOCUMENT # L03000004300	
1. Entity Name GATEWAY 135, LLC	

Principal Place of Business 4200 4TH ST N STE. D ST. PETERSBURG FL 33703	Mailing Address PO BOX 7697 ST. PETERSBURG FL 33734
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2. Principal Place of Business 11001 DANKA WAY N. Suite, Apt. #, etc. #3	3. Mailing Address 11001 DANKA WAY N Suite, Apt. #, etc. #3
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33716	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 51-0444238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARGER, MICHAEL E 4200 4TH ST N STE. D ST. PETERSBURG FL 33703	7. Name and Address of New Registered Agent Name MICHAEL E. BARGER Street Address (P.O. Box Number is Not Acceptable) 11001 DANKA WAY N. #3 City ST. PETERSBURG FL Zip Code 33716
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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  **MICHAEL E. BARGER** DATE **2-15-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGER, MICHAEL E 4200 4TH STREET NORTH SAINT PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11001 DANKA WAY N. #3 ST. PETERSBURG, FL 33716 <input checked="" 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
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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 608, Florida Statutes.

SIGNATURE:  **MICHAEL E. BARGER** DATE **2-15-05** 727-520-7711

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