

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000008823**

1. Entity Name  
**GATEWAY REALTY, LLC**



Principal Place of Business  
**1475 WEST CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**1475 WEST CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309**



04262005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1657533**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLIFFORD I. HERTZ, P.A.  
ONE NORTH CLEMATIS STREET, SUITE 500  
WEST PALM BEACH, FL 33401**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GOLDSTEIN, DANIEL I MGRM  
880 NE 69TH STREET APT# 5S  
MIAMI, FL 33138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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U00000350064  
05/02/05-80090-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Daniel Goldstein*

*4/28/05*

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

Date

Daytime Phone #