


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90018 034 \*\*\*\*55.00

**DOCUMENT # L04000013380**

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



Principal Place of Business  
**4080 S.W. 84TH AVE., SUITE D  
 MIAMI, FL 33155**

Mailing Address  
**4080 S.W. 84TH AVE., SUITE D  
 MIAMI, FL 33155**

**20036717**

2. Principal Place of Business  
**4905 SW 74 Ct**

3. Mailing Address  
**4905 Sw 74 ct**



Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

04172006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami, FL.**

City & State

4. FEI Number  
**20-0843372**

Applied For  
 Not Applicable

Zip  
**33155**

Country  
**USA**

Zip  
**33155**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**FIGUEROA, CARLOS  
 4080 S.W. 84TH AVE., SUITE D  
 MIAMI, FL 33155**

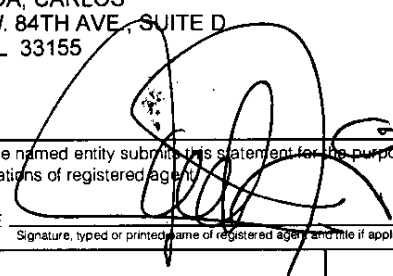
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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  DATE

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIGUEROA, CARLOS 4080 SW 84TH AVENUE, SUITE D MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CHANGE OF ADDRESS ONLY</b>		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 **4-10-2006**

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