

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90426 024 ****55.00

DOCUMENT # L04000037699					
1. Entity Name GATEWAY HOLDINGS GROUP, LLC					
Principal Place of Business 1802 EASTERN DRIVE JACKSONVILLE BEACH, FL 32250 US			Mailing Address PO BOX 330810 ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business 2027 Mayport Road Suite, Apt. #, etc.		3. Mailing Address PO Box 330810 Suite, Apt. #, etc.			
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL		4. FEI Number 20-1166280	
Zip 32233		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACRI, JENNIFER M 371 PLAZA ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 348 Plaza City Atlantic Beach, FL Zip Code 32233		
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 Registered Agent DATE 5/30/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete	NAME KIRSTEN, STEPHEN D STREET ADDRESS 1802 EASTERN DRIVE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 348 Plaza CITY-ST-ZIP Atlantic Beach, FL 32233	
TITLE MGR <input type="checkbox"/> Delete	NAME DEL CARMEN, JEFFREY R STREET ADDRESS 155 LAKE VILLAGE DRIVE, APT.#205 CITY-ST-ZIP ANN ARBOR, MI 48103		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE MGR <input type="checkbox"/> Delete	NAME DEL CARMEN, JOSEPH V STREET ADDRESS 2416 EVERGREEN FOREST COURT CITY-ST-ZIP WILDWOOD, MO 63041		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 1908 Creekside Circle CITY-ST-ZIP Atlantic Beach, FL 32233	
TITLE MGR <input type="checkbox"/> Delete	NAME DEL CARMEN, JAMES E STREET ADDRESS 440 BALLWIN ESTATES CITY-ST-ZIP BALLWIN, MO 63021		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 371 Plaza CITY-ST-ZIP Atlantic Beach, FL 32233	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS 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: Authorized Representative 5/30/05 904-887-7453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					