


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90282 037 \*\*\*\*50.00

DOCUMENT # L04000060177

1. Entity Name  
 GATEWAY HOLDINGS, LLC



Principal Place of Business  
 C/O JOHN A. MORAN  
 22 SOUTH LINKS AVENUE, SUITE 300  
 SARASOTA, FL 34236

Mailing Address  
 C/O JOHN A. MORAN  
 P.O. BOX 3948  
 SARASOTA, FL 34230

2. Principal Place of Business  
 c/o John A. Moran

3. Mailing Address

Suite, Apt. #, etc.  
 1990 Main Street, Suite 700

Suite, Apt. #, etc.

City & State  
 Sarasota, Florida


City & State

Zip  
 34236

Country  
 U.S.

Zip

Country



03142005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

MORAN, JOHN A  
 22 SOUTH LINKS AVENUE, SUITE 300  
 SARASOTA, FL 34236

4. FEI Number  
 02-0730159

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1990 Main Street, Suite 700

City  
 Sarasota

State  
 FL

Zip Code  
 34236

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]* DATE 4/5/05

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, 2005**

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

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |   |
|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Authorized Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>John A. Moran<br>1990 Main Street, Suite 700<br>Sarasota, FL 34236 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* DATE: 4/5/05 DAYTIME PHONE #: 941/366-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 John A. Moran, Authorized Manager