

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079109

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GATEWAY POINT GROUP, LLC

**Current Principal Place of Business:**

15500 NEW BARN ROAD  
SUITE 104  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15500 NEW BARN ROAD  
SUITE 104  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 68-0596596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAXTER, JEFFREY L ESQ  
15500 NEW BARN ROAD  
SUITE 104  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

ELIAS, ROBERT ESQ  
15500 NEW BARN ROAD  
SUITE 104  
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: ROBERT ELIAS

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PINA, ALICIO  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: MGRM ( ) Delete  
Name: PINA, NIRMA  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALICIO PINA

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date