

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085804	
1. Entity Name GATEWAY DEVELOPMENT OF DAYTONA BEACH, LLC	
Principal Place of Business 200 E GRANADA BOULEVARD SUITE 200 ORMOND BEACH, FL 32176 US	Mailing Address 200 E GRANADA BOULEVARD SUITE 200 ORMOND BEACH, FL 32176 US



04032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1957973	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

SELBY, DWIGHT C
200 E GRANADA BOULEVARD
SUITE 200
ORMOND BEACH, FL 32176

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SELBY, DWIGHT C
STREET ADDRESS	200 E GRANADA BOULEVARD
CITY-ST-ZIP	ORMOND BEACH, FL 32176

TITLE	MGR
NAME	SHARPLES, DARRELD K
STREET ADDRESS	4840 S PENINSULA DRIVE
CITY-ST-ZIP	PONCE INLET, FL 32127

TITLE	MGR
NAME	ANDERSON, GEORGE D
STREET ADDRESS	4840 S PENINSULA DRIVE
CITY-ST-ZIP	PONCE INLET, FL 32127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

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

Dwight C. Selby

4-3-07

Date

386-238-4456

Daytime Phone #