2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90168 011 ****50.00

DOCUMENT # L05000009902

1. Entity Name
GATEWAY SCHOOL PROPERTY, LLC

Principal Place of Business	Mailing Address
C/O 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301 US	P. O. BOX 11 PALM BEACH, FL 33480 US

DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2337642 ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J ESQ.
TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RR CHARTER TRUST
STREET ADDRESS	C/O 110 SE 6TH STREET, 15TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	MGRM
NAME	SPIEGEL, SIDNEY
STREET ADDRESS	P.O. BOX 11
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____ Jan 24/07 416 222-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #