


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90168 011 \*\*\*\*50.00

<b>DOCUMENT # L05000009902</b> 1. Entity Name GATEWAY SCHOOL PROPERTY, LLC	
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Principal Place of Business C/O 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301 US	Mailing Address P. O. BOX 11 PALM BEACH, FL 33480 US
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60020140



01232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2337642 <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RR CHARTER TRUST C/O 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, SIDNEY P.O. BOX 11 PALM BEACH, FL 33480
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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

Date

Daytime Phone #

*[Handwritten Signature]*

Jan 24/07

416 222-5355