2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 05-06-2008 90006 001 ***138.75 **DOCUMENT # L05000009902** 1. Entity Name GATÉWAY SCHOOL PROPERTY, LLC 60039650 Principal Place of Business Mailing Address C/O 110 SE 6TH STREET, 15TH FLOOR P. O. BOX 11 FORT LAUDERDALE, FL 33301 US PALM BEACH, FL 33480 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2337642 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POZZUOLI, EDWARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) TRIPP SCOTT, P.A 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition RR CHARTER TRUST NAME NAME C/O 110 SE 6TH STREET, 15TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition SPIEGEL, SIDNEY NAME NAME STREET ADDRESS P.O. BOX 11 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 06, 2008 8:00 am