

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

03-23-2007 90168 010 ****50.00

DOCUMENT # L05000009909

1. Entity Name
GATEWAY HIGH SCHOOL PROPERTY, LLC



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

DUPLICATE



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-2337694**
-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.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301

**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

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
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Jan 24/07

Date

416 232 5355

Daytime Phone #