DOCUMENT # L05000095328       05-09-2007 90033 032 ***1         1. Entity Name GATEWAY HOLDINGS LLC       Image: Constraint of the second state sta	tate	un 04, 2007 8:00 Secretary of Sta		2007 LIMITED LIABILITY COMPANY ANNUAL REPORT			
U091 SE LAY STREET     3091 SE INY STREET     3090 SE INY STREET       Stude, Apt. R. etc.     Stude, Apt. R. etc.     04202007     Chg-LLC     CR2E083 (12/06)       City & State     City & State     4. FEI Number     04202007     Chg-LLC     CR2E083 (12/06)       Zip     Country     Zip     Country     Country     AppLieD-FCR     IAppLieD-FCR     IAppLieD-FCR       Stude, Apt. R. etc.     Country     Zip     Country     S. Certificate of Status Desired     S5.00 Actin       Zip     Country     Zip     Country     S. Certificate of Status Desired     S5.00 Actin       Stude (Apt. R. etc.     Country     Zip     Country     S. Certificate of Status Desired     S5.00 Actin       Stude (Apt. R. etc.     Country     Zip     Country     S. Certificate of Status Desired     S5.00 Actin       Stude (Apt. R. etc.     Country     Zip     Country     State     State       Attrast of Current Registered Agent     Name     T. Name and Address of New Registered Agent     Name       MOTTO, MICHAEL N JR.     State     Onto Actin State State     State State     City     FL     Zip Code       State Address for Agent agent agent of registered agent.     Charge state State State     Onto Actin State State     City     City     City     City     City		05-09-2007 90033 032 ***150		5328		Name	. Entity Nam
Sulle, Apt. #, etc.     Sulle, Apt. #, etc.     04202007     Chg-LLC     CR2E083 (12/06)       City & State     City & State     4. FEI Number 20-3/03 / 94-0     Apt.       Zip     Country     Zip     Country     S. Certificate of Status Desired     Mathematicate of Status Desired       Street Address of Current Registered Agent     7. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       AOTTO, MICHAEL N JR.     Name     Name     Street Address (P.O. Box Number is Not Acceptable)       STUART, FL 34997     City & State     City Code       City     FL     Zip Code       Street Address (P.O. Box Number is Not Acceptable)     City Code       City     FL     Zip Code       City     FL     Zip Code       City     FL     Zip Code       City     FL     Zip Code       Street Address (P.O. Box Number is Not Acceptable)     City       City     FL     Zip Code       Fling Fee is \$50.00     Matke check payable to Florida. Familiar with, a the State of Florida. Familiar with, a florida. Familiar with, a florida. Familiar with, a florida florida florida florida florida florida florida florida		- -		3091 SE JAY STREET	AY STREET		091 SE JAY
City & State City & FL Zip Code City City & FL Zip Code City & FL Zip				3. Mailing Address	iness - No P.O. Box #	oal Place of Busin	Principal P
Zip     Country     Zip     Country     S. Certificate of Status Desired     \$5.000 Addit Fee Required       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       100 TTO, MICHAEL N JR. 091 SE JAY STREET TUART, FL 34997       City     FL     Zip Code       Inter objations of registered agent.       INState of Forida. 1 am familiar with, a       Inter objations of registered agent.       MANAGERS       10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       MANAGERS 10.       Objecte		Chg-LLC CR2E083 (12/06)	04	Suite, Apt. #, etc.		Apt. #, etc.	
			4.	City & State	City & State		City & Stat
ACTTO, MICHAEL N JR. JOP1 SE JAY STREET STUART, FL 34997  City FL Zip Code City FILING For instance of registered agent. or both, in the State of Fiorida. I am familiar with, a filing Fee is \$50.00 Due by May 1, 2007 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MOTTO, MICHAEL N JR. Soft Address SITURT, FL 34997 Delete MILE MARE SITURE CITY STUART, FL 34997 CITY CITY CITY CITY CITY CITY CITY CITY		of Status Desired  Status Desired  Fee Required	entry 5.	Zip C	Country		Zip
Og1 SE JAY STREET       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         Filling Fee is \$50.00       Make check payable to         Florida       Intel Address       Intel Address         Motto       Motto       Sitee Address       Intel		Address of New Registered Agent		Registered Agent	e and Address of Current	6. Name	
City     FL     Zip Code       City     FL     Zip Code       The aboye 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, a the obligations of registered agent.     Identify additional agent and the # additional agent additin	(P.O. Box Number is Not Acceptable)				ET	E JAY STRE	091 SE J
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, a the obligations of registered agent.     Geneure, typed or period name of registered agent and the it applicable.     (MOTE Registered Agent signature reported when remaining)     DATE  Filing Fee is \$50.00 Due by May 1, 2007  Make check psyable to Florida Department of State  MOR MOR MORC, MICHAEL N JR. 3091 SE JAY STREET STUART, FL 34997  If te MARE INFERTADRESS INT- ST- 2P  If te MA	,	Zip Code	City		,	(1,76 34997	STUART,
the obligations of registered agent.  IIGNATURE Signature, typet or period name of registered agent and the # applicable  Filling Fee is \$50.00 Due by May 1, 2007  Make chock payable to Fiorida Department of State  MGR MARAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  MARAGING	and accept		,	or the purpose of changing its regis	tity submits this statement fo	tine bowe named entit	The above
AME     MOTTO, MICHAEL N JR.     NAME       IREET ADDRESS     3091 SE JAY STREET     STREET ADDRESS       ITY-ST-ZIP     STUART, FL 34997     CIIY-ST-ZIP       ILE     Deleie     TITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITY-ST-ZIP     Deleie     TITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITY-ST-ZIP     Deleie     TITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITUE     Deleie     TITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITUE     Deleie     TITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITY-ST-ZIP     STREET ADDRESS     CITY-ST-ZIP		·	).	ERS/MANAGERS		Due by Ma	
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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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the same legal effect as if made under oath; that I am a managing member or manager limited liability company or the receiver or trustee empower to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	mation r of the	Florida Statutes. I further certify that the informat 1; that I am a managing member or manager of Statutes.	xemptions contained in Cl me legal effect as if made as required by Chapter 6	th this filing does not qualify for the d that my signature shall have the s ee empowering execute this repo	the information supplied with port is true and accurate and pany of the receiver or truster	cated on this repo ed liability compa	indicated limited lia