

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030939

FILED
Jun 26, 2007
Secretary of State

Entity Name: GATEWAY INTERNATIONAL TRADING LLC

Current Principal Place of Business:

401 E LAS OLAS BLVD
14TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

401 E LAS OLAS BLVD
14TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-4577820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GATEWAY CAPITAL CORPORATION
401 E LAS OLAS BLVD
14TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GATEWAY CAPITAL LLC
401 E LAS OLAS BLVD
14TH FLOOR
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: MITCHELL A HAMMER

06/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GATEWAY CAPITAL CORP, ORATION
Address: 401 E LAS OLAS BLVD FL 14
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GATEWAY CAPITAL LLC,
Address: 401 E LAS OLAS BLVD FL 14
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL A HAMMER

MGRM

06/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date