



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-11-2007 90248 001 ***300.00

DOCUMENT # L06000106011					
1. Entity Name S.I. GATEWAY, LLC					
Principal Place of Business 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408			Mailing Address 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box # 2979 PGA Blvd			3. Mailing Address 2979 PGA Blvd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 20-0280462	
Zip 33410		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, LAWRENCE W 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR ER VENTURES, LLC 2979 PGA Blvd Palm Beach Gardens, FL 33410		
			MGR AZZURA, LLC 38 ARABIAN ROAD Palm Beach, FL 33480		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					