

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000038335

Entity Name: GATEWAY FOUR, LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9995 GATE PARKWAY, SUITE 150  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY, SUITE 150  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 20-8799751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAWFORD, FELIX A  
9995 GATE PARKWAY, SUITE 150  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CRAWFORD, FELIX A  
Address: 9995 GATE PARKWAY, STE. 150  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR  
Name: CRAWFORD, ROBERT L  
Address: 9995 GATE PARKWAY, STE 150  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR  
Name: FRAZIER, FRANK D  
Address: 9995 GATE PARKWAY, STE 150  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR  
Name: AIOSA, DOUGLAS R  
Address: 9995 GATE PARKWAY, STE 150  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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: DOUGLAS R AIOSA

MGR

02/16/2011

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