2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000069670

Entity Name: GATELINE, LLC

Current Principal Place of Business:

12816 TAR FLOWER DRIVE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

12816 TAR FLOWER DRIVE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE
SUITE 306
TAMPA, FL 33614 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 ( ) Delete
Name: OJASU, PELLE
Address: 12816 TAR FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM ( ) Delete
Name: LAAKSONEN, TIMO
Address: 12816 TAR FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM (X) Delete
Name: KENNEDY, KYLE G
Address: 12816 TAR FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: KENNEDY, KYLE G
Address: 100 SECOND AVENUE SOUTH, SUITE 104N
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PELLE OJASU MGRM 04/30/2008

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