

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000901

FILED
Jan 09, 2008
Secretary of State

Entity Name: GATEWAY INSURANCE AGENCY, L.C.

Current Principal Place of Business:

2430 WEST OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2430 WEST OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0845230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, DAVID D
2430 W. OAKLAND PARK BLVD
LAKELAND, FL 33311 US

Name and Address of New Registered Agent:

STANTON, DAVID D
2430 W. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 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:

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPANO, JERUE K
Address: 1000 WESTWIND WAY
City-St-Zip: BARTOW, FL 33830

Title: MGRM () Delete
Name: GIA MANAGEMENT SERVI, CES, L.C.
Address: 2430 WEST OAKLAND PARK BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEINBERG, MICHAEL J
Address: 2430 WEST OAKLAND PARK BVLD.
City-St-Zip: FORT LAUDERDALE, FL 33311

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: DAVID D. STANTON

MGRM

01/09/2008

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