
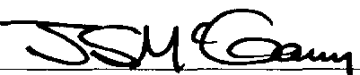


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		JAN 11 1999 COMM-F 10:420	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000003478		1a. Principal Place of Business Address 12730 Commonwealth Dr Ft. Myers, FL 33913	
GATEWAY FLEX ASSOCIATES, LLC 12730 Commonwealth Drive Ft. Myers, FL 33913					
2. Principal Place of Business 3521 Bonita Bay Blvd. Suite, Apt. #, etc.		2a. Mailing Address Same Suite, Apt. #, etc.		3. Date Organized or Qualified 12-29-98	
City & State Bonita Springs, FL 34134		City & State		3a. State of Formation FL	
Zip 34134		Country USA		4. FEI Number 59-3559067 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report N/A	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent R. Scott Price, Esq. Kelly, Price, Passidomo, Siket & Solis 2640 Golden Gate Pkwy, Suite 315 Naples, FL 34105-3203		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002803428 City -03/11/99 -01121 -024 ****188.75 ****188.75 FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOT: Registered Agent Signature Required When Not a Agent)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	John S. McGarvey	3521 Bonita Bay Blvd.		Bonita Springs, FL 34134	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		3/2/99		941-992-8940	
John S. McGarvey					