

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000096
 1. Entity Name
 GATEWAY PROFESSIONAL LLC



Principal Place of Business: 610 GATEWAY DR. NORTH SIOUX CITY, SD 57049
 Mailing Address: 610 GATEWAY DR. TAX DEPARTMENT Y-15 NORTH SIOUX CITY, SD 57049



DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC CR2E083 (10/03)
 4. FEI Number 46-0458881 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

1100000220276
 02/08/05-80061-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATEWAY COMPANIES, INC. 610 GATEWAY DR. NORTH SIOUX CITY, SD 57049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATEWAY TECHNOLOGIES, ONC. 610 GATEWAY DR. NORTH SIOUX CITY, SD 57049
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I 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 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] 1/20/05 609/232-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #