DOCUMENT # M01000000096  C Control # M010000000096  C Control # M01000000000  C Control # M01000000000  C Control # M01000000000  C C CONTROL # Sile # M0100000000  C C CONTROL # M01000000000  C C CONTROL # M0100000000  C C CONTROL # M0100000000  C C CONTROL # M0100000000  C C CONTROL # M01000000000  C C CONTROL # M0100000000  C C CONTROL # M01000000000  C C C CONTROL # M010000000000  C C C CONTROL # M010000000000  C C C CONTROL # M010000000000000000000000000000000000	20	005 LIMITED LIA ANNUAL	BILITY COMPA	NY	FILED	
GATEWAY PROFESSIONAL LLC Secretary of State Secretary of Secreta	DOCUMENT # M0100000096					
BIO GREEN VIDE, NORTH SQUX GITY, SD. 57049       FIO DATEMAN UP, F. SACHER SQUX GITY, SD. 57049         DO NOT WRITE IN THIS SPACE       Unscale of the second	1. Entity Name GATEWAY PROFESSIONAL LLC				Secretary of State	
DO NOT WRITE IN THIS SPACE       CR26603 (10/03)         4. FEI Number       Acaded For         4. October Concernent Registered Agent       Stouded For         C. Concernent Registered Agent       DO NOT WRITE         C. Concernent Registered Agent       Stouded For         C. Concernent Registered Agent       DO NOT WRITE         200 SOUTH PRE ISLAND ROAD       DO NOT WRITE         PLANTATION, FL 33324       DO NOT WRITE         Stoude named settly submits 7% statement for the purpose of chunging its registered agent, or both, in the State of Flavida. Tam lamilian web, and accept to objected agent.       DOT         Stoude named settly submits 7% statement for the purpose of chunging its registered agent, or both, in the State of Flavida. Tam lamilian web, and accept to objected agent.       DOT         Stoude named settly submits 7% statement for the purpose of chunging its registered agent, or both, in the State of Flavida. Tam lamilian web, and accept to objected agent.       DOT         Stoude named settly submits 7% statement for the purpose of chunging its registered agent.       Internet of the statement for the purpose of chunging its registered agent.       Internet of the statement for the purpose of chunging its registered agent.         Stoude registered Agent.       Markading Method Betweet of the statement for the purpose of chunging its registered Agent.       Internet of the statement for the purpose of chunging its registered Agent.         Stoude registered Agent.       Markading Method B	610 GATEWAY DR.		610 GATEWAY DR. TAX DEPARTMENT Y-15	9		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				CE	E 01062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number A6-0458881 Applied For Not Applicable 5. Certificate of Status Desired Additional	
1200 SOUTH PINE ISLAND ROAD       DO NOT WRITE IN THIS SPACE <ul> <li>The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent.</li> </ul> SIGNATURE       State of florida. Tam familiar with, and accept the obligations of registered agent.         SIGNATURE       Other Bylacese Agent agent and the purpose of changing its registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent.         SIGNATURE       Intel State of Florida. Lan familiar with, and accept the obligations of registered agent.         SIGNATURE       MORM         SIGNATURE       MORM State of Florida. Lan familiar with, and accept the obligations of registered agent.         SIGNATURE       MORM State of Florida. Lan familiar with, and accept the obligation of registered agent.         SIGNATURE       MORM State of Florida. Lan familiar with, and accept the obligation of registered agent.         SIGNATURE       MORM State of Florida. Lan familiar with, and accept the obligation of registered agent.         SIGNATURE       MORM State of Florida. Lan familiar with, and accept the obligation of registered agent.         SIGNATURE       MORM State of Florida. Lan familiar with and accept the florida. Lan familiar with, and accept the florida. Lan familiar with and accept the florida. Tam familiar with and accept the florida. Tam familiar with and accept the florida. Tam familiar with and accept the		6. Name and Address of Current	Registered Agent			
It is closed of a given of the information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information supplied with this lifting does not qualify for the comption stand in Section 110 07(20). Florida Statutes, I luthor ordity that he information manager or the section stand and could be also be accepted as an adverted by Chapter 500, Florida Statutes, I luthor ordity that he information manager or the section stand and could be also be accepted as an adverted by Chapter 500, Florida Statutes, I luthor ordity that h	1200 SOUTH PINE ISLAND ROAD					
Systems types of this isom directiones appress that stagehoute     (MOTE highword Appress Appression Patholics)     Date       Introduction of insplanes appression of insplanes						
Monogenerative standing members/Managers         Managing members/Managers         Managers         Managers         Managers         Managers         Managers         Managers         Managers         Do Not WRITE         International supplied         Managers         Do Not WRITE         International supplied         Managers         International supplied         Managers         International supplied with his filing does not qualify for the exemption stated in Section 119.07(2)(0,	SIGNATURE.	Signature, typed or printed name of registered agent :		red Agent signature required	whan reinstating) DATE	
9.     MANAGING MEMBERS/MANAGERS       TITL     MGRM       STRET ADDRESS     GATEWAY COMPANIES, INC.       STRET ADDRESS     610 GATEWAY DR.       DIV-ST-2P     NORTH SIOUX CITY, SD 57049       TITL     MGRM       NAME     GATEWAY TECHNOLOGIES, ONC,       STRET ADDRESS     610 GATEWAY TECHNOLOGIES, ONC,       STRET ADDRESS     NORTH SIOUX CITY, SD 57049       TITLE     MGRM       NAME     SATEWAY TECHNOLOGIES, ONC,       STRET ADDRESS     DO NOT WRITE       ITTLE     NORTH SIOUX CITY, SD 57049       TITLE     NAME       STRET ADDRESS     CITY-ST-2P       TITLE     NAME       STRET ADDRESS     CITY-ST-2P       TITLE     NAME       STRET ADDRESS     CITY-ST-2P       TITLE     STRET ADDRESS       CITY-ST-2P     CITY-ST-2P       TITLE     STRET ADDRESS       STRET ADDRESS     CITY-ST-2P       TITLE     STRET ADDRESS       STRET ADDRESS     CITY-ST-2P       TITLE     STRET ADDRESS       STRET ADDRESS     STRET	Filing Fee is \$50.00				1/00000220276 02/08/05-80061-021 50.00	
NME     GATEWAY COMPANIES, INC.       STRET ADDRESS     610 GATEWAY DR.       DIV-ST-2P     NORTH SIOUX CITY, SD 57049       TITLE     MGRM       STRET ADDRESS     610 GATEWAY DR.       NORTH SIOUX CITY, SD 57049     DO NOT WRITE       TITL     NORTH SIOUX CITY, SD 57049       TITL     MGRM       NMK     GATEWAY TECHNOLOGIES, ONC.       STRET ADDRESS     FOO NOT WRITE       TITL     INTHIS SPACE       TITL     NAME       STRET ADDRESS     INTHIS SPACE       STRET ADDRESS     INTHIS SPACE       STRET ADDRESS     Interview of the second of the se			RS/MANAGERS			
CITY-ST-2P       NORTH SIOUX CITY, SD 57049         ITILE       MGRM         NMAE       GATEWAY TECHNOLOGIES, ONC.         STRETADRESS       GITO GATEWAY DR.         CITY-ST-2P       NORTH SIOUX CITY, SD 57049         TITLE       NAME         STRETADRESS       CITY-ST-2P         DO NOT WRITE         ITILE         NAME         STRETADRESS         CITY-ST-2P         DO NOT WRITE         ITILE         NAME         STRETADRESS         CITY-ST-2P         ITILE	NAME	GATEWAY COMPANIES, INC.				
TILL       MGRM         STRET ADRESS       G10 GATEWAY TECHNOLOGIES, ONC.         G10 GATEWAY DR.       NORTH SIOUX CITY, SD 57049         TITL       NAME         STRET ADRESS       DO NOT WRITE         ITUE       IN THIS SPACE         STRET ADRESS       IN THIS SPACE         ITUE       IN THE SPORTS         ITUE       IN THIS SPACE         ITUE       IN THE SPORTS         ITUE       IN THIS SPACE         ITUE       IN THE SPORTS         <			I	·		
NME       STRET ADDRESS         CITV-ST-2P       DO NOT WRITE         ITLE       IN THIS SPACE         NME       STRET ADDRESS         CITV-ST-2P       IN THIS SPACE         TITLE       NAME         STRET ADDRESS       ITTLE         NAME       STRET ADDRESS         CITV-ST-2P       ITTLE         STRET ADDRESS       ITTLE	NAME STREET ADDRESS	GATEWAY TECHNOLOGIES, OI 610 GATEWAY DR.			· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS       DO NOT WRITE         ITTLE       IN THIS SPACE         STREET ADDRESS       IN THIS SPACE         ITTLE       IN THIS SPACE         NAME       STREET ADDRESS         GITY-ST-ZIP       IN THIS SPACE         TITLE       NAME         STREET ADDRESS       GITY-ST-ZIP         TITLE       STREET ADDRESS         GITY-ST-ZIP       GITY-ST-ZIP         TITLE       NAME         STREET ADDRESS       GITY-ST-ZIP         TITLE       STREET ADDRESS         GITY-ST-ZIP       GITY-ST-ZIP         STREET ADDRESS       GITY-ST-ZI	{		<u></u>			
STREET ADDRESS         CITY-ST-2IP         TTLE         NAME         STREET ADDRESS         CITY-ST-2IP         TITLE         NAME         STREET ADDRESS         CITY-ST-2P         T1. Inhereby 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.         X 2.6706         SIGNATURE:       XAMAC	STREET ADDRESS CITY - ST - ZIP					
NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 inmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.         SIGNATURE:       X 26706	NAME STREET ADDRESS				IN THIS SPACE	
NME         STREET ADDRESS         CITY-ST-ZP         11. Thereby 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 inmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.         SIGNATURE:       X 26706	NAME STREET ADDRESS					
SIGNATURE:	NAME STREET ADDRESS		—			
SIGNATURE:	I mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes,					
	SIGNAT		SIGNING MANAGING MEMBER, OR AUTHORI	ZED REPRESENTATIVE	1/20/05 605/232-2000	