

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2007 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 |



07132007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 46-0458881 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 14, 2007**

| 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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07/24/07-80010-019 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/24/07
Date

Daytime Phone #