

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000096

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** GATEWAY PROFESSIONAL LLC

**Current Principal Place of Business:**

610 GATEWAY DR.  
NORTH SIOUX CITY, SD 57049

**New Principal Place of Business:**

906 E KARCHER RD  
NAMPA, ID 83687

**Current Mailing Address:**

610 GATEWAY DR.  
TAX DEPARTMENT Y-15  
NORTH SIOUX CITY, SD 57049

**New Mailing Address:**

906 E KARCHER RD  
TAX DEPT  
NAMPA, ID 83687

**FEI Number:** 46-0458881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GATEWAY COMPANIES, I, NC.  
Address: 610 GATEWAY DR.  
City-St-Zip: NORTH SIOUX CITY, SD 57049

Title: MGRM (X) Delete  
Name: GATEWAY TECHNOLOGIES, , ONC.  
Address: 610 GATEWAY DR.  
City-St-Zip: NORTH SIOUX CITY, SD 57049

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CURTIS AKEY

MGRM

02/26/2008

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