

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001528

1. Entity Name
GATEWAY SHOPPES II, LLC



Principal Place of Business
**4525 E. 82ND STREET
INDIANAPOLIS, IN 46250**

Mailing Address
**4525 E. 82ND STREET
INDIANAPOLIS, IN 46250**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3662240

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**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000089394
03/15/04-80090-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WARSTLER, ROBERT
STREET ADDRESS	4525 E 82ND STREET
CITY - ST - ZIP	INDIANAPOLIS, IN 46250
TITLE	MGR
NAME	SCHRAGE, WILLIAM L
STREET ADDRESS	ONE COLLEGE PARK, 8910 PURDUE ROAD, #350
CITY - ST - ZIP	INDIANAPOLIS, IN 46268
TITLE	MGR
NAME	RUSH, THOMAS
STREET ADDRESS	4525 E. 82ND STREET
CITY - ST - ZIP	INDIANAPOLIS, IN 46250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

March 10, 2004 317-848-6464