

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-20-2007 90040 006 ****50.00

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



07182007 No Chg-LLC

CR2E083 (11/05)

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 _____

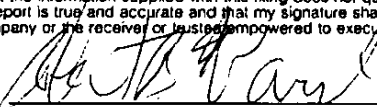
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

Date

Daytime Phone #