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

DO NOT WRITE IN THIS SPACE

07182007No 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Date Daytime Phone #