

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90192 003 ****50.00

DOCUMENT # M02000002756

1. Entity Name
GATEWAY PC LLC



Principal Place of Business
14303 GATEWAY PLACE
POWAY, CA 92064

Mailing Address
14303 GATEWAY PLACE
TAX DEPT Y-15
POWAY, CA 92064



01232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
610 Gateway Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Sioux City, SD 57049

City & State

Zip

Country

Zip

Country

57049

USA

4. FEI Number
55-0794985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CHAUDRI, JAVADE ☒ Delete
STREET ADDRESS 14303 GATEWAY PLACE
CITY-ST-ZIP POWAY, CA 92064

TITLE Asst. Treasurer/Mngr ☐ Change ☒ Addition
NAME Steven A. Fox
STREET ADDRESS 610 Gateway Drive
CITY-ST-ZIP North Sioux City, SD 57049

TITLE MGR
NAME PACE, JEFFREY A ☐ Delete
STREET ADDRESS 14303 GATEWAY PLACE
CITY-ST-ZIP POWAY, CA 92064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Steve Fox

Steve Fox Mngr/Asst. Treasurer

605/232-2000 X26706

1/23/2004

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

Date

Daytime Phone #