

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003594

Entity Name: GATEWAY SHOPPES, LLC

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

1001 - 1031 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1126 S. FEDERAL HIGHWAY
SUITE # 193
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-0377308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMACK, CARI E
1126 S. FEDERAL HIGHWAY # 193
FORT LAUDERDALE, FL 33316 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: RUSSELL, JUDITH E
Address: 1126 S. FEDERAL HIGHWAY # 193
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: MCCORMACK, MIKE H
Address: 1126 S. FEDERAL HIGHWAY, SUITE # 193
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: RUSSELL, JAMES A
Address: 1126 S. FEDERAL HIGHWAY, SUITE # 193
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: MCCORMACK, CARI E
Address: 1126 S. FEDERAL HIGHWAY, SUITE # 193
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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

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

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 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: JAMES A RUSSELL

MGR

03/31/2007

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