


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90284 048 ****50.00

DOCUMENT # M04000001154	
1. Entity Name GATEWAY MORTGAGE GROUP LLC	

Principal Place of Business 7030 S. YALE STE 700 TULSA OK 74136	Mailing Address 7030 S. YALE STE 700 TULSA OK 74136
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2. Principal Place of Business 6910 E. 14th St.	3. Mailing Address Same 6910 E. 14th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tulsa, OK	City & State Tulsa, OK
Zip 74112	Zip 74112
Country Tulsa	Country Tulsa



1st MOORE CR2E083 (10/04)

4. FEI Number 73-1577221		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent STEINBERG, JEFF 3000 S. OCEAN DR. APT. 8D HOLLYWOOD FL 33019		7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 5210 E. PARK AVE TALAHASSEE City FL Zip Code 32301

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 **1/24/05**

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

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2005	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STITT, J. KEVIN 7030 S. YALE STE 700 TULSA OK 74136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **1/24/05** 916-712-9000

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