M06000002660

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200079256452

OF SEP 19 M 9: 17
SECRETARY OF STATE
SECRETARY OF STATE

06 SEP 19 PM 4: 28



ACCOUNT NO. : 072100000032 REFERENCE : 458743 5138497 AUTHORIZATION : COST LIMIT : ORDER DATE : September 18, 2006 ORDER TIME : 3:46 PM ORDER NO. : 458743-010 CUSTOMER NO: 5138497 CHANGE OF AGENT NAME: GATEWAY A/B FUND VII, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: GAT	TEWAY A/B FUND VII, LLC	
2. The mailing address of the limited liability compar	ry is: 28 State Street, 10th Floor, Boston, MA 02109	
May 12, 2006	M06000002660	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:		
Capitol Corporate		
Name		
1333 Duval Street		
Address S S		
Tallahassee, FL 32303		
City, State and Zip		
6. The name and address of the new registered agent a	nd/or office:	
Corporation Serv	ice Company	
Name 97 7		
1201 Hays Street		
Florida street address (P.O	. Box NOT acceptable)	
Taliahassee FL	32301	
City, State a	nd Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, that and the business office of the registered agent will be liability company, it is hereby confirmed that the changes the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization	
(Signature of a member or authorized representative of a member)		
Michael Pas		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in a merely reflect a change in the registered office apany has been notified in writing of this change.	
(Signature of Registered Agent) Michelle R. Vannoy, Asst. VP	(
Division of Cornerations P.O. Bo	r 6327, Tallahassee, FL 32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00