

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90112 049 ****50.00

DOCUMENT # M06000006054 1. Entity Name MSKP GATEWAY, LLC					
Principal Place of Business 9055 ISIB BOULEVARD WEST PALM BEACH, FL 33412			Mailing Address 9055 ISIB BOULEVARD WEST PALM BEACH, FL 33412		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04162007 Chg-LLC CR2E083 (12/06)		4. FEI Number APPLIED FOR 33-1146674			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name GEORGE SPEER Street Address (P.O. Box Number is Not Acceptable) 9055 IBIS BOULEVARD City WEST PALM BEACH FL Zip Code 33412		
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. GEORGE SPEER SIGNATURE <i>[Signature]</i> 4/19/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BABCOCK FLORIDA COMPANY 9055 ISIB BOULEVARD WEST PALM BEACH, FL 33412	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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 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. SYDNEY W. KITSON, AUTHORIZED REPRESENTATIVE SIGNATURE: <i>[Signature]</i> 4/19/07 (561) 624-4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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