

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1 Mar 14, 2008 8:00 am  
Secretary of State

01-31-2008 90068 018 \*\*\*138.75

<b>DOCUMENT # M07000005140</b> 1. Entity Name <b>GATEWAY PARKWAY JACKSONVILLE JV, LLC</b>					
Principal Place of Business <b>101 CALIFORNIA STREET, 26TH FL SAN FRANCISCO, CA 94115-853</b>			Mailing Address <b>101 CALIFORNIA STREET, 26TH FL SAN FRANCISCO, CA 94115-853</b>		
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			
4. FEI Number <b>APPLIED FOR 20-0745932</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01032008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>CALSMART L.L.C. 101 CALIFORNIA STREET, 26TH FL SAN FRANCISCO, CA 94115853</b> <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 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.					
<b>SIGNATURE</b> <i>Susan E. McClintock</i>			<b>SUSAN E. MCCLINTOCK, VP &amp; SEC., 01/04/08, 312/266-9300</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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