

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001799

1. Entity Name  
THE GATEHOUSE GROUP LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:22

Principal Place of Business      Mailing Address  
% THE GATEHOUSE GROUP      % THE GATEHOUSE GROUP  
313 CONGRESS STREET      313 CONGRESS STREET  
BOSTON MA 02210      BOSTON MA 02210-1218



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **04-3488800**      Applied For  
**APPLIED FOR**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J ESQUIRE  
150 WEST FLAGLER STREET  
SUITE 2200  
MIAMI FL 33130

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*C/O Stearns Weaver Miller*  
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.

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

*mf 2/23/00*

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE NAME     | <i>MARC S. PLONSKIER</i>     | <input type="checkbox"/> Delete |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE NAME     | <i>MGR MARC S. PLONSKIER</i> | <input type="checkbox"/> Delete |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE NAME     |                              | <input type="checkbox"/> Delete |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE NAME     |                              | <input type="checkbox"/> Delete |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE NAME     |                              | <input type="checkbox"/> Delete |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |                              |                                 |  |
|----------------|------------------------------|---------------------------------|--|
| TITLE NAME     | <i>MGR MARC S. PLONSKIER</i> | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <i>313 Congress St.</i>      |                                 |  |
| CITY-ST-ZIP    | <i>BOSTON MA 02210</i>       |                                 |  |
| TITLE NAME     | <i>MGR DAVID J. CANEPARI</i> | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | <i>313 Congress St.</i>      |                                 |  |
| CITY-ST-ZIP    | <i>BOSTON MA 02210</i>       |                                 |  |
| TITLE NAME     | <b>00000314850--9</b>        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| STREET ADDRESS | <b>-02/28/00--01009--009</b> |                                 |  |
| CITY-ST-ZIP    | <b>*****50.00 *****50.00</b> |                                 |  |
| TITLE NAME     |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| STREET ADDRESS |                              |                                 |  |
| CITY-ST-ZIP    |                              |                                 |  |
| TITLE NAME     |                              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| STREET ADDRESS |                              |                                 |  |
| CITY-ST-ZIP    |                              |                                 |  |

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: \_\_\_\_\_ SIGNATURE REQUIRED

*1-11-00 (617)3459300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)