

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90726 042 \*\*\*\*50.00

**DOCUMENT #** L01000022068  
1. Entity Name  
GRAY GATE GOLF COURSE, L.L.C. *DI*

**DO NOT WRITE IN THIS SPACE**

**80054559**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Gulf Gate Golf Course*

Suite, Apt. #, etc.  
*2550 Bispham*

City & State  
*Sarasota FL*

Zip  
*34231*

Country  
*USA*

**DO NOT WRITE IN THIS SPACE**

3. Mailing Address  
*same*

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
*01-0550202*

Applied For  
Not Applicable

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

7. Name and Address of Current 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Leslie W Gray Box 35286 Sarasota, FL 34242</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Leslie W. Gray* *President* *3-23-02* *941-921-5515*

CR2E083B (12/01)