


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000022068</b>                  |  |
| 1. Entity Name<br>GRAY GATE GOLF COURSE, L.L.C. |                                                                                   |

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>GULF GATE GOLF COURSE<br>2550 BISPHAM<br>SARASOTA, FL 34231 | Mailing Address<br>GULF GATE GOLF COURSE<br>2550 BISPHAM<br>SARASOTA, FL 34231 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

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02282006 No Chg-LLC      CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>01-0550202 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

DOERR, KENNETH D  
240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236

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

|                                                     |                                         |
|-----------------------------------------------------|-----------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | 00000502823<br>04/28/06-80007-015 50.00 |
|-----------------------------------------------------|-----------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                        |
|------------------------------------------------|--------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GRAY, LESLIE W<br>BOX 35286<br>SARASOTA, FL 34242 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        |

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IN THIS SPACE**

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.

SIGNATURE: Leslie W. Gray      4-206      941921-5515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #