


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

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



Principal Place of Business GULF GATE GOLF COURSE 2550 BISPHAM SARASOTA, FL 34231	Mailing Address GULF GATE GOLF COURSE 2550 BISPHAM SARASOTA, FL 34231
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**DO NOT WRITE IN THIS SPACE**



02012007No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0550202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DOERR, KENNETH D  
 240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
 SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAY, LESLIE W BOX 35286 SARASOTA, FL 34242
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 02/28/07-80096-020 50.00

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* **2-15-07** **941 921 5315**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #