


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90039 008 \*\*\*\*50.00

**DOCUMENT # L02000026960**

1. Entity Name  
**FRENCH GOLDEN GATE, LLC**



Principal Place of Business  
**104 CRANDON BLVD., SUITE 409  
 KEY BISCAVNE, FL 33149**

Mailing Address  
**104 CRANDON BLVD., SUITE 409  
 KEY BISCAVNE, FL 33149**

24001592

2. Principal Place of Business  
**2828 SW 22<sup>ND</sup> ST.  
 Suite, Apt. #, etc.  
 # 208**

3. Mailing Address  
**2828 SW 22<sup>ND</sup> ST.  
 Suite, Apt. #, etc.  
 # 208**

City & State  
**Miami, FL**


City & State  
**Miami, FL**

Zip  
**33145**

Country  
**USA**

Zip  
**33145**

Country  
**USA**



01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-0314379**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RESEARCH MANAGEMENT CORP.  
 104 CRANDON BLVD #409  
 KEY BISCAVNE, FL 33149**

7. Name and Address of New Registered Agent

Name  
**UFG PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)  
**2828 SW 22<sup>ND</sup> ST. # 208**

City  
**MIAMI**

FL Zip Code  
**33145**

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 **N. ROMAN MGR** DATE **1-7-04**

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

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SAN MIGUEL, ALBERTO	104 CRANDON BLVD #409	KEY BISCAVNE, FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2828 SW 22 <sup>ND</sup> ST. # 208	MIAMI, FL. 33145	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 and empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **N. ROMAN MGR** DATE **1-7-04**

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