


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000085285 1. Entity Name GOLD-GATE HOLDINGS, LLC	
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Principal Place of Business C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180	Mailing Address C/O ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1949345	Applied For 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

SCHIFFMAN, ADAM R ESQ.  
2999 N.E. 191 STREET, SUITE 900  
AVENTURA, FL 33180

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEINGOLD, ERIK A 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEINGOLD, ALLA M 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180
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U00000766023  
06/07/07-80002-015 50.00

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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  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE