

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60022656

DOCUMENT # L04000085285 1. Entity Name GOLD-GATE HOLDINGS, LLC			
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	
2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street Second Floor City & State Aventura, FL Zip 33180		3. Mailing Address 2750 NE 185th Street Second Floor City & State Aventura, FL Zip 33180	
4. FEI Number 20-1949345		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		04062008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191 STREET, SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Schiffman, Adam R. Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street Second Floor City Aventura FL Zip Code 33180	
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 the 2 witnesses. NOTE: Registered Agent signature required when addressing.			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME FEINGOLD, ERIK A STREET ADDRESS 2999 N.E. 191 STREET, SUITE 900 CITY-ST-ZIP AVENTURA, FL 33180	☐ Delete	TITLE MGR NAME Feingold, Erik A STREET ADDRESS 2750 NE 185th Street, 2nd Floor CITY-ST-ZIP Aventura, FL 33180	☒ Change ☐ Addition
TITLE MGR NAME FEINGOLD, ALLA M STREET ADDRESS 2999 N.E. 191 STREET, SUITE 900 CITY-ST-ZIP AVENTURA, FL 33180	☐ Delete	TITLE MGR NAME Feingold, Alla M. STREET ADDRESS 2750 NE 185th Street, 2nd Floor CITY-ST-ZIP Aventura, FL 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: FEINGOLD ERIK 9 April 2008 SIGNATURE AND TYPE OF PERSON REQUIRED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date			