


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # L00000005300 1. Entity Name GOLDEN GATE S, LLC	
---	---

Principal Place of Business 5410 HOMBERG DRIVE SUITE A KNOXVILLE, TN 37919	Mailing Address PO BOX 11229 KNOXVILLE, TN 37939
--	---

DO NOT WRITE IN THIS SPACE



02062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4115810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLALOCK WALTERS HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205

**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

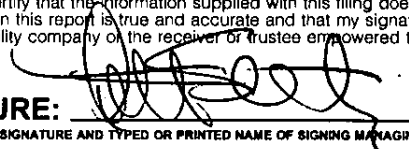
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM ESTATE OF ALVIN SCHWARTZ 60 EAST 42ND STREET, 55TH FL NEW YORK, NY 10165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000647156
03/06/07-80061-004 50.00

**DO NOT WRITE
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:  **Thomas Schwartz; Managing Member** 2/14/07 (212) 880-0511

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