

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2008 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



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4115810	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

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	
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04/03/08-80071-004 138.75

**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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas Schwartz, Managing Member

(212) 991-5050

Date

Daytime Phone #