

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90064 007 \*\*\*\*50.00

**DOCUMENT # L00000016052**

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



Principal Place of Business

**3500 EQUESTRIAN WAY  
KNOXVILLE TN 37921**

Mailing Address

**3500 EQUESTRIAN WAY  
KNOXVILLE TN 37921**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1062115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **A1A Registered Agent, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**25 S.E. 2nd Ave Suite 1036**

City **Miami**

FL

Zip Code  
**33131**

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 *Paul Smith*  
Signature, typed or printed name of registered agent and title if applicable.

**PAUL SMITH, VICE PRESIDENT**

**02-07-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MMGR** ☐ Delete  
NAME **VINCENT, ZANE P**  
STREET ADDRESS **3500 EQUESTRIAN WAY**  
CITY-ST-ZIP **KNOXVILLE TN 37921**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: **ZANE P. VINCENT** *Zane P. Vincent*

Date **1/28/03**

Daytime Phone # **865-947-4611**

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

CR2E083 (10/02)