


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90252 031 ****50.00

DOCUMENT# L01000006915	
1. Entity Name GOLDEN GATE LAND GROUP, LLC	

Principal Place of Business 255 ALHAMBRA CIRCLE STE 325 MIAMI, FL 33134	Mailing Address 255 ALHAMBRA CIRCLE STE 325 MIAMI, FL 33134
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02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0865297	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	
LANGLEY, MARCIA H ESQ. 2255 GLADES ROAD SUITE 419A BOCA RATON, FL 33431	<i>Christopher J. MacNair c/o Bayshore Land Group, Inc. 255 Alhambra Cir, Ste. 325 Coral Gables, FL 33134</i>

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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: *Christopher J. MacNair* **Christopher J. MacNair, V.P. Bayshore Land Group, Inc. 3/26/04**

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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNBERRY BAYSHORE LC 255 ALHAMBRA CIRCLE STE 325 MIAMI, FL 33134
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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: *Christopher J. MacNair* **Christopher J. MacNair, V.P. Bayshore Land Group, Inc. MGRM, Turnberry Bayshore 3/26/04 305-445-6161**

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