

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000022068

1. Entity Name
GRAY GATE GOLF COURSE, L.L.C.



Principal Place of Business

**GULF GATE GOLF COURSE
2550 BISPHAM
SARASOTA, FL 34231**

Mailing Address

**GULF GATE GOLF COURSE
2550 BISPHAM
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0550202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOERR, KENNETH D
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

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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 renating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000502823
04/26/06-80007-015 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE

P

NAME

GRAY, LESLIE W

STREET ADDRESS

BOX 35286

CITY-ST-ZIP

SARASOTA, FL 34242

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Leslie W. Gray

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

4-206

941921-555

Date

Daytime Phone #