

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019852

Entity Name: THE IRON GATE, LLC

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

3644 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3644 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 55-0792104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STONEBURNER, BERRY & SIMMONS, P.A.
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

JOHN DUSS, PA.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: RENA A. BEST

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: FARAH, FREDDY E
Address: 3447 BEAUCLERC ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Delete
Name: SOLOMAN, RAYMOND G
Address: 6923 ALMOURS DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RENA A. BEST

O M

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date