

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000001684

1. Entity Name
EAST GATE PROPERTIES, LLC



Principal Place of Business
**HWY. 90 EAST
MARIANNA FL 32446**

Mailing Address
**5814 MERRITT BROWN ROAD
PANAMA CITY FL 32404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number

02-0669339

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

MOORE CR2E083 (11/03)

4/15/04 90084 D3D 50-00



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYNES, ROBERT A JR.
5814 MERRITT BROWN ROAD
PANAMA CITY FL 32404**

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME HAYNES, ROBERT A JR.
STREET ADDRESS 5814 MERRITT BROWN ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME HAYNES, SUSAN I
STREET ADDRESS 5814 MERRITT BROWN ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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CITY-ST-ZIP

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:

Robert A Haynes Mgrm

4/2/04

850 769-4926

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

Date

Daytime Phone #