

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90035 046 ****50.00

DOCUMENT # L03000009348					
1. Entity Name GENGATE HOLDINGS, L.L.C.					
Principal Place of Business C/O GENCOM GROUP 3250 MARY STREET, SUITE 500 COCONUT GROVE, FL 33133			Mailing Address C/O GENCOM GROUP 3250 MARY STREET, SUITE 500 COCONUT GROVE, FL 33133		
2. Principal Place of Business 1200 Brickell Avenue Suite, Apt. #, etc. Suite 1460 City & State Miami, FL Zip 33131		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country U.S.A.			
4. FEI Number 54-2106531		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIBHAI, KARIM 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHIMJI, MAHMOOD 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIBHAI, KARIM 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHIMJI, MAHMOOD 3250 MARY STREET, SUITE 500 MIAMI, FL 33133	<input type="checkbox"/> Delete			
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: TOM BEZOL / CEO 8/12/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					