2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000009348

1. Entity Name GENGATE HOLDINGS, L.L.C.



Principal Place of Business

801 BRICKELL AVENUE PH II, ONE BRICKELL SQUARE MIAMI, FL 33131

Mailing Address

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

801 BRICKELL AVENUE PH II, ONE BRICKELL SQUARE MIAMI, FL 33131

FILED Mar 29, 2007 8:00 am Secretary of State

03-29-2007 90178 010 ****50.00

60030291



03142007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4429903

| 4. FEI Number | Applied For |
|----------------------------------|--------------------|
| 54-2106531 | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

DO NOT WRITE 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 reinstating) DATE | | | | | |
| Filling Fee is \$50.00 Due by May 1, 2007 | | | | | |
| 9. | MANAGING MEMBERS/MANAGE | ERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALIBHAI, KARIM 1200 BRICKELL AVE, SUITE-1460. MIAMI, FL 33131 | Brickellfre | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KHIMJI, MAHMOOD 1200 BRICKELL AVE, SUITE 1460 MIAMI, FL 33131 | Brickell Ave | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEZOLD, THOMAS J 801 BRICKELL AVE, PH II MIAMI, FL 33131 | DO | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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. | | | | | |