

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90198 003 \*\*\*\*55.00

00010014

DOCUMENT # L03000014212

1. Entity Name  
 CITYGATE DEVELOPMENT, LLC



Principal Place of Business: 5425 PARK CENTRAL CT, NAPLES, FL 34109 US  
*See change below*

Mailing Address: 159 S. MAIN STREET, STE 500, AKRON, OH 44308 US

2. Principal Place of Business - No P.O. Box #  
 9010 Strada Stell Court  
 Suite, Apt. #, etc. Unit 207

3. Mailing Address  
 Suite, Apt. #, etc.

City & State: Naples, FL

City & State

Zip: 34109 Country: USA

Zip Country

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-0064825 Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RICE, ROGER B  
 5425 PARK CENTRAL COURT  
 NAPLES, FL 34109  
*See change*

7. Name and Address of New Registered Agent  
 Name: Same  
 Street Address (P.O. Box Number is Not Acceptable): 9010 Strada Stell Court Unit 207  
 City: Naples FL Zip Code: 34109

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: *Robert B. Rice* DATE: 1/30/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM BRENNAN, DAVID L 850 NELSON'S WALK NAPLES, FL 34102	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGR SUNSET VIEW MGMT CO., LLC 159 S. MAIN ST. STE 500 AKRON, OH 44308	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Joseph R. Weber, Vice President* DATE: 1/22/07

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