

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000033307

1. Entity Name
2320 GULF GATE DRIVE LLC



Principal Place of Business
2320 GULF GATE DRIVE
SARASOTA, FL 34231

Mailing Address
1820 RINGLING BLVD.
SARASOTA, FL 34236 US



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0206940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE M. HANKIN, P.A.
1820 RINGLING BLVD.
SARASOTA, FL 34236

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GNERRE, WILLIAM F
STREET ADDRESS 511 WEST LAKE DRIVE
CITY-STATE-ZIP SARASOTA, FL 34232

TITLE MGRM
NAME GNERRE, FRANCINE M
STREET ADDRESS 511 WEST LAKE DRIVE
CITY-STATE-ZIP SARASOTA, FL 34232

TITLE MGRM
NAME LAIVA, JANICE H
STREET ADDRESS 2639 MAPLELOFT LANE
CITY-STATE-ZIP SARASOTA, FL 34232

TITLE MGRM
NAME LAIVA, GEORGE M
STREET ADDRESS 2639 MAPLELOFT LANE
CITY-STATE-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000647858
03/06/07-80081-010 50.00

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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: *Francine M. Gnerre*

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

Date

Daytime Phone #

2/11/07 (941) 921-5454