

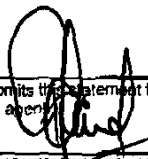
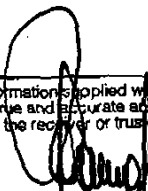
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FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90060 041 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

24056860

DOCUMENT # L03000042617			
1. Entity Name NORTH GATE, LLC			
Principal Place of Business 2875 N.E. 191 STREET SUITE 702B AVENTURA, FL 33180 US		Mailing Address 2875 N.E. 191 STREET SUITE 702B AVENTURA, FL 33180 US	
2. Principal Place of Business 1100 N. FEDERAL HWY		3. Mailing Address 18851 N.E. 29 AV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 105	
City & State Fort Lauderdale, FL		City & State Aventura, FL	
Zip 33304	Country US	Zip 33180	Country US
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180		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 		DATE 04/23/04	
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARREIRO, PABLO 2875 N.E. 191 STREET, STE 702B AVENTURA, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARREIRO, PABLO 18851 NE 29 AV SUITE 105 AVENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORENZINO, JUAN PABLO 2875 N.E. 191 STREET, STE 702B AVENTURA, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORENZINO JUAN PABLO 18851 NE 29 AV SUITE 105 AVENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAFDIE, LILIANA 2875 N.E. 191 STREET, STE 702B AVENTURA, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAFDIE, LILIANA 18851 NE 29 AV SUITE 105 AVENTURA, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 808, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 04/23/04 Date	