

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021577

FILED
Jan 08, 2008
Secretary of State

Entity Name: PRINCESGATE LLC

Current Principal Place of Business:

BOX 33155
INDIALANTIC, FL 32903 US

New Principal Place of Business:

1535 N. COGSWELL
ROCKLEDGE, FL 32955 US

Current Mailing Address:

P.O. BOX 33155
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 20-0888820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKUNE, VICTORIA
3330 POSEIDON WAY
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

MCKUNE, VICTORIA
1535 N. COGSWELL
ROCKLEDGE, FL 32955 US

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.

SIGNATURE:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCKUNE, VICTORIA
Address: P O BOX 33155
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGRM () Delete
Name: BEREI, YVAN
Address: P O BOX 33155
City-St-Zip: INDIALANTIC, FL 32903 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MCKUNE, MONICA
Address: PO BOX 411784
City-St-Zip: MELBOURNE, FL 32941

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVAN BEREI

MGRM

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date