

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000024094

1. Entity Name

GATES GOLF, LLC



Principal Place of Business

3633 SW 100 STREET
GAINESVILLE FL 32607
US

Mailing Address

3633 SW 100 STREET
GAINESVILLE FL 32607
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

11-3720393

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATES, ROBERT M SR.
3633 SW 100 STREET
GAINESVILLE FL 32607

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

Signature, typed or printed name of registered agent and the fee payable

(NOTE: Registered Agent's signature is required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME GATES, ROBERT M SR.
STREET ADDRESS 3633 SW 100 STREET
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Change ☐ Addition
NAME U000000896554
STREET ADDRESS 04/28/08-80001-015 138.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME STRAIN, RICKY A
STREET ADDRESS 4460 S W 35TH TER SUITE 307
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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 Section 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:

Robert M Gates

4/6/2008

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

DATE

Day To Print