


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035408
 1. Entity Name
 GATEHOUSE WEST, LLC



Principal Place of Business 400 5TH AVENUE SOUTH 205 NAPLES, FL 34102	Mailing Address 400 5TH AVENUE SOUTH 205 NAPLES, FL 34102
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01242008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1109623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SOLIS, ANDREW I ESQUIRE
 1100 5TH AVENUE SOUTH
 301
 NAPLES, FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLINTON, J.D. 400 5TH AVENUE SOUTH, SUITE 205 NAPLES, FL 34102
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 02/21/06-80037-023 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: [Signature] CFO Date: 2/2/06 Daytime Phone #: 731-776-6097

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