

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90035 015 ****50.00

DOCUMENT # L04000057981					
1. Entity Name SEA GATE LAND HOLDINGS, LLC					
Principal Place of Business 19 NORTH BOULEVARD OF THE PRESIDENTS, #405 SARASOTA, FL 34236			Mailing Address 19 NORTH BOULEVARD OF THE PRESIDENTS, #405 SARASOTA, FL 34236		
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		
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent David M Silberstein The Plaza Bldg 50 Central Ave, Ste 700 Sarasota, FL 34236		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. CHANGES		
TITLE MGR NAME MERRITT, BRIAN H STREET ADDRESS 19 NORTH BOULEVARD OF THE PRESIDENTS, #405 CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE MGR NAME Irving Gitlin STREET ADDRESS 19 N. Blvd of the Presidents, #605 CITY-ST-ZIP Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME PORTER, TOWNSEND H STREET ADDRESS 19 NORTH BOULEVARD OF THE PRESIDENTS, #405 CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME HOLLOWAY, JOE R STREET ADDRESS 19 N BLVD OF THE PRESIDENTS 605 CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Irving Gitlin 3/27/07 941-955-2424 <small>Date Daytime Phone #</small>		