

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000057981

FILED
Jun 27, 2008
Secretary of State**Entity Name:** SEA GATE LAND HOLDINGS, LLC**Current Principal Place of Business:**8070 15TH STREET EAST
SARASOTA, FL 34243**New Principal Place of Business:****Current Mailing Address:**19 N BLVD OF THE PRESIDENTS, #605
SARASOTA, FL 34236**New Mailing Address:****FEI Number:** 20-1452679**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SILBERSTEIN, DAVID M
50 CENTRAL AVE, STE 700
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** PMGR () Delete
Name: MERRITT, BRIAN H
Address: 19 N BLVD OF THE PRESIDENTS, #605
City-St-Zip: SARASOTA, FL 34236**Title:** MGR () Delete
Name: PORTER, TOWNSEND H
Address: 19 N BLVD OF THE PRESIDENTS, #605
City-St-Zip: SARASOTA, FL 34236**Title:** MGR (X) Delete
Name: GITLIN, IRVING
Address: 19 N BLVD OF THE PRESIDENTS #605
City-St-Zip: SARASOTA, FL 34236**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN H. MERRITT

PMGR

06/27/2008

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