2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L04000060336

Entity Name: GATES OPERATING HOLDING COMPANY, LLC

Current Principal Place of Business:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-1828629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GATES, TODD E
12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110 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: MGR ( ) Delete
Name: CRAWFORD, RICHARD S
Address: 10844 HARPER AVE STE 300
City-St-Zip: HARPER WOODS, MI 48225

Title: MGR ( ) Delete
Name: WATCHOWSKI, DALE
Address: ONE TOWN SQUARE, #1600
City-St-Zip: SOUTHFIELD, MI 48076

Title: MGR ( ) Delete
Name: GATES, TODD E
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CRAWFORD, RICHARD S
Address: 999 VANDERBILT BEACH ROAD SUITE 610
City-St-Zip: NAPLES, FL 34108

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: TODD E GATES MGR 04/29/2008

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