

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000065057**

1. Entity Name  
**GULF GATE PLAZA, LLC**



Principal Place of Business <b>C/O ISRAM REALTY MANAGEMENT, LLC          506 SOUTH DIXIE HIGHWAY          HALLANDALE, FL 33009</b>	Mailing Address <b>C/O ISRAM REALTY MANAGEMENT, LLC          506 SOUTH DIXIE HIGHWAY          HALLANDALE, FL 33009</b>
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01162007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1590082</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J  
 20803 BISCAYNE BOULEVARD, SUITE 301  
 AVENTURA, FL 33180**

**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 \_\_\_\_\_

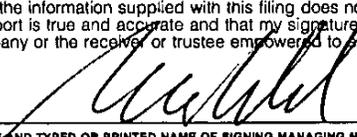
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ISRAM REALTY MANAGEMENT, LLC 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/05/07-80016-021 50.00

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:**  **SHAUL RIKMAN** **3/16/07** **(954) 455-2822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #