

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-30-2007 90035 020 ****50.00

DOCUMENT # L04000070540

1. Entity Name
SEA GATE LAND HOLDINGS III, LLC



Principal Place of Business Mailing Address
19 NORTH BOULEVARD OF THE PRESIDENTS #605 SARASOTA, FL 34236

60030581



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-1690371

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

**N David M Silberstein
S The Plaza Bldg
50 Central Ave, Ste 700
c Sarasota, FL 34236**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MERRITT, BRIAN H
STREET ADDRESS 19 NORTH BOULEVARD OF THE PRESIDENTS #605
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR ☐ Change ☒ Addition
NAME Irving Gitlin
STREET ADDRESS 19 N. Blvd of the Presidents, #605
CITY-ST-ZIP Sarasota, FL 34236

TITLE MGR ☐ Delete
NAME PORTER, TOWNSEND H JR
STREET ADDRESS 19 NORTH BOULEVARD OF THE PRESIDENTS #605
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME HOLLOWAY, JOE R
STREET ADDRESS 19 N BLVD OF THE PRESIDENTS 605
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Irving Gitlin

Date

Daytime Phone #

3/27/07 941-955-2424