

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-30-2007 90035 023 ****50.00

DOCUMENT # L04000070847

1. Entity Name
SEA GATE LAND HOLDINGS IV, LLC



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

60030578



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

03022007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-1755508** Applied For
Not Applicable

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

David M Silberstein
The Plaza Bldg
50 Central Ave, Ste 700
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 _____ (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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

3/27/07 941-955-2424
Date Daytime Phone #