

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093022	
1. Entity Name DONPAT GATE PARKWAY, LLC	

Principal Place of Business 8638 PHILLIPS HIGHWAY, STE. 3 JACKSONVILLE FL 32256	Mailing Address 8638 PHILLIPS HIGHWAY, STE. 3 JACKSONVILLE FL 32256
---	---



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE

CR2E083 (10/05)

4. FEI Number **20-2048790** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DONZINGER, MICHAEL J
8638 PHILLIPS HIGHWAY, STE. 3
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

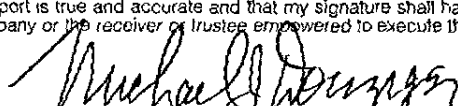
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DOHZIGER, MIKE 8638 PHILLIPS HIGHWAY SUITE 3 JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1170000439368 03/01/06-80043-021 50.00 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PATTERSON, GUY 8638 PHILLIPS HIGHWAY SUITE 3 JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

2/10/06 904-367-8620