

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093022

FILED
Jul 15, 2009
Secretary of State

Entity Name: DONPAT GATE PARKWAY, LLC

Current Principal Place of Business:

8638 PHILLIPS HIGHWAY, STE. 3
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8638 PHILLIPS HIGHWAY, STE. 3
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-2048790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DONZINGER, MICHAEL J
8638 PHILLIPS HIGHWAY, STE. 3
JACKSONVILLE, FL 32256 US

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: MGRM () Delete
Name: DOHZIGER, MIKE
Address: 8638 PHILLIPS HIGHWAY SUITE 3
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: PATTERSON, GUY
Address: 8638 PHILLIPS HIGHWAY SUITE 3
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DONZIGER, MIKE
Address: 8638 PHILLIPS HIGHWAY SUITE 3
City-St-Zip: JACKSONVILLE, FL 32256

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: MIKE DONZIGER

MGRM

07/15/2009

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