

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027505

**FILED**  
**Mar 14, 2006**  
**Secretary of State**

**Entity Name:** FIRSTGATE INVESTMENTS L.L.C.

**Current Principal Place of Business:**

81 JENNIFER CIRCLE  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

5111 S RIDGEWOOD AVENUE  
SUITE 202  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

81 JENNIFER CIRCLE  
PONCE INLET, FL 32127 US

**New Mailing Address:**

5111 S RODGEWOOD AVENUE  
SUITE 202  
PORT ORANGE, FL 32127 US

FEI Number: 20-2998001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YATES, SANDRA E  
81 JENNIFER CIRCLE  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: YATES, SANDRA E  
Address: 81 JENNIFER CIRCLE  
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGRM ( ) Delete  
Name: YATES, COLIN D  
Address: 81 JENNIFER CIRCLE  
City-St-Zip: PONCE INLET, FL 32127 FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA E YATES

MGR

03/14/2006

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