

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027505

FILED
Jul 20, 2007
Secretary of State

Entity Name: FIRSTGATE INVESTMENTS L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

5652 ISABELLE AVENUE
PORT ORANGE, FL 32127 US

Current Mailing Address:

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

New Mailing Address:

5652 ISABELLE AVENUE
PORT ORANGE, FL 32127 US

FEI Number: 20-2998001 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:

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 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

07/20/2007

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