

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036056

Entity Name: GATED COMMUNITY, LLC

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

6743 W INDIANTOWN RD
#34
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

6743 W INDIANTOWN RD
#34
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-2730197 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:

LICARI, FRANK
6156 WINDING LAKE DRIVE
JUPITER, FL 33458 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: LICARI, FRANK
Address: 6156 WINDING LAKE DRIVE
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: THOMAS, TRAVIS
Address: 217 BARBADOS DRIVE
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: FURMAN, JESSE
Address: 304 BALSAM STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

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

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: FRANK LICARI

MGR

07/03/2007

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