

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036056

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: GATED COMMUNITY, LLC

**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 ( )

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

LICARI, FRANK  
6156 WINDING LAKE DRIVE  
JUPITER, FL 33458      US

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

LICARI, FRANK  
6743 W. INDIANTOWN RD. - #34  
JUPITER, FL 33458      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: FRANK LICARI

04/17/2009

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: MGR      (X) Change ( ) Addition  
Name: LICARI, FRANK  
Address: 6743 W, INDIANTOWN RD. - #34  
City-St-Zip: JUPITER, FL 33458

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

04/17/2009

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