FILED May 31, 2007 8:00 am Secretary of State 05-04-2007 90313 044 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060467 1. Entity Name TOLLGATE HOLDINGS, LLC							31	เกกลาง	D f			
Principal Place of Business 1037 FIFTH AVENUE NORTH NALPES, FL 34102 US			Mailing Address 1037 FIFTH AVENUE NORTH NALPES, FL 34102 US									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05022007	Chg-LLC	CR2E083	3 (12/06)			
City & State			City & State			4. FEI Numb 20-302			1	oplied For of Applicable		
Zip		Country	Zip	Country			of Status Desired	- Fe	5.00 Add Require			
6. Name and Address of Current R			legistered Agent	egistered Agent Name			7. Name and Address of New Registered Agent					
GRABINSKI, MATTHEW L ESQ 4001 TAMIAMI TRAIL N.			Street Addre		Street Address (P.O. Box Numb	er is Not Acceptable	3)				
300 NAPLES, FL 34103												
					City			FL	Zip Cod	•		
8. 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. I am lamiliar with, and accept the obligations of registered agent.												
SIGNATURE Signature, hybrid or printed name of registered agent and tide it epolicable. (NOTE: Registered Agent signature required when temstiding) DATE DA												
Filing Fee is \$50.00 Due by September 14, 2007						Make check payable to Florida Department of State						
9.	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMBER		10.	· · · · · · · · · · · · · · · · · · ·	·	ADDITIONS/					
TITLE NAME	MGR GULLIFO	RD, JOHN T	Celete	TITLE	i i] Change	Addition		
STREET ADDRESS		TH AVENUE NORTH			ET ADORESS							
CITY-ST-ZIP		FL 34102		4-	-ST-ZIP							
TITLE HAME	MGR HILTON, I	RONALD D	☐ Delete	TITU				L	_] Change	Addition		
STREET ADDRESS City-St-Zip	1037 FIF1	TH AVENUE NORTH FL 34102			ET ADORESS - ST-ZIP							
rm.e	MGR		☐ Delcte	TiTLE					Change	Addition		
NAME STREET ADDRESS	1	N, GEORGE B TH AVENUE NORTH		NAM STRE	E Et adoress							
CITY-ST-ZIP		FL 34102			-S1-ZIP							
TITLE			☐ Delete	TITU	1				Change	Addition		
NAME Street address	ļ			NAM. STRE	E ET ADORESS							
CITY-ST-ZIP				CITY	-S1-ZIP							
TITLE NAME			☐ Delete	TITLE) Change	Addition		
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP							
TITLE 9			Delette	TITLE					Change	Addition		
NAME STREET ADDRESS	1			NAM STRE	E Et adoress							
CITY-ST-ZIP		<u></u>		_1	-S1-ZIP			·	<u> </u>			
		11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and thereby signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the Ilmited liability company or the receiver or mustee empowered to execute this report at required by Chapter 608, Florida Statutes.										
indicatéd	l on this repo	rt is true and accurate and	t hat m y signature shall have t	the same	e legal effect as if m	nade under oath	i; that I am a manag	ing member o	al the info r manage	rmation r of the		
indicatéd	d on this repor ability compar	rt is true and accurate and	t hat m y signature shall have t	the same	e legal effect as if m	nade under oath ter 608, Florida	i; that I am a manag	jing member o	r manage	rmation r of the		

John T. Gulliford