

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000060467

1. Entity Name  
TOLLGATE HOLDINGS, LLC



Principal Place of Business  
1037 FIFTH AVENUE NORTH  
NAPLES, FL 34102 US

Mailing Address  
1037 FIFTH AVENUE NORTH  
NAPLES, FL 34102 US



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3022946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRABINSKI, MATTHEW L ESQ  
4001 TAMiami TRAIL N.  
300  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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 familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GULLIFORD, JOHN T
STREET ADDRESS	1037 FIFTH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	MGR
NAME	HILTON, RONALD D
STREET ADDRESS	1037 FIFTH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	MGR
NAME	ATKINSON, GEORGE B
STREET ADDRESS	1037 FIFTH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000884330  
04/17/08-80039-018 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

John T. Gulliford

Date

Daytime Phone #

4/2/08 239-263-4224