



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000083217 1. Entity Name SOUTH GATE PROPERTY ENTERPRISES LLC	
--	---

Principal Place of Business PO BOX 6025 JENSEN BCH., FL 34957	Mailing Address PO BOX 6025 JENSEN BCH., FL 34957
---	---

DO NOT WRITE IN THIS SPACE	 08022007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 30-0331127 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
-----------------------------------	--

6. Name and Address of Current Registered Agent HARRIS, DAVID 1711 WHITEHALL DR #105 DAVIE, FL 33324
--

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 14, 2007**
U000000773610
09/07/07-80006-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTELLANOS, RAFAEL PO BOX 6025 HUTCHINSON ISLAND, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTELLANOS, LEANNE PO BOX 6025 HUTCHINSON ISLAND, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: Leanne Castellanos 8/27/07 954 980 6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #