


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90039 013 \*\*\*\*50.00

<b>DOCUMENT # L05000084887</b>					
<b>1. Entity Name</b> TOLLGATE BUSINESS PARK, LLC					
<b>Principal Place of Business</b> 5672 STRAND COURT, SUITE 3 NAPLES, FL 34110			<b>Mailing Address</b> 5672 STRAND COURT, SUITE 3 NAPLES, FL 34110		
<b>2. Principal Place of Business - No P.O. Box #</b> 3825 BECK BLVD.		<b>3. Mailing Address</b> 3825 BECK BLVD.			
Suite, Apt. #, etc. # 721		Suite, Apt. #, etc. # 721			
City & State NAPLES, FL		City & State NAPLES, FL		<b>4. FEI Number</b> 20-3477615	
Zip 34114		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34114		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GODE, LARRY J 5672 STRAND COURT, SUITE 3 NAPLES, FL 34110			<b>7. Name and Address of New Registered Agent</b> Name GODE, LARRY J. Street Address (P.O. Box Number is Not Acceptable) 3825 BECK BLVD. # 721 City NAPLES FL Zip Code 34114		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GODE, LARRY J 5672 STRAND COURT, SUITE 3 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GODE, LARRY J. 3825 BECK BLVD. # 721 NAPLES, FL 34114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 2/20/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					