2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# L05000085256

Entity Name: LIONS GATE, LLC

Current Principal Place of Business:

6170 ST ANDREWS CT
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

6170 ST ANDREWS CT
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 01-0842587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERICKSON, GEORGE E SR.
6170 ST ANDREWS CT
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ERICKSON DEVELOPMENT, INC.	
Address:	6170 ST ANDREWS CT	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082 US	
Title:	MGRM	( ) Delete
Name:	MORRIS, BRUCE	
Address:	420 WEST MILL CHASE CT.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082 US	
Title:	MGRM	( ) Delete
Name:	HARRIGAN, MICHAEL A	
Address:	273 ODOMS MILL BLVD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: GEORGE ERICKSON MGRM 04/16/2006

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