

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085256

Entity Name: LIONS GATE, LLC

FILED
Apr 29, 2007
Secretary of State

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 (X) 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 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 E. ERICKSON, SR

MGRM

04/29/2007

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