

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116294

FILED
Mar 08, 2007
Secretary of State

Entity Name: GATEWAY RESIDENTIAL LAND DEVELOPERS, LLC

Current Principal Place of Business:

5800 LAKEWOOD RANCH BLVD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

5800 LAKEWOOD RANCH BLVD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 20-4074048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKARD, W. WADE
3218 W. WALLCRAFT AVE.
TAMPA, FL 33611 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: MBR () Delete
Name: DANIEL & BONITA SAGA, N, AS HUSBAND & WIFE
Address: 1589 BLUE HERON DR.
City-St-Zip: SARASOTA, FL 34239

Title: MBR () Delete
Name: EAST VENICE AVENUE P, ROPERTIES LLC
Address: 2273 CORK OAK ST.
City-St-Zip: SARASOTA, FL 34232

Title: MBR () Delete
Name: PICKARD, W. WADE
Address: 3218 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: MBR () Delete
Name: SHOPPES AT FRIENDSHI, P LLC
Address: 5800 LAKEWOOD RANCH BLVD.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DANIEL & BONITA SAGA, N, AS HUSBAND & WIFE
Address: 1589 BLUE HERON DR.
City-St-Zip: SARASOTA, FL 34239

Title: MGRM (X) Change () Addition
Name: EAST VENICE AVENUE P, ROPERTIES LLC
Address: 2273 CORK OAK ST.
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Title: MGRM (X) Change () Addition
Name: PICKARD, W. WADE
Address: 3218 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Change () Addition
Name: SHOPPES AT FRIENDSHI, P LLC
Address: 5800 LAKEWOOD RANCH BLVD.
City-St-Zip: SARASOTA, FL 34240

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: W. WADE PICKARD

RA

03/08/2007

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