

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116294

FILED  
Apr 01, 2009  
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: MGRM ( ) Delete  
Name: DANIEL & BONITA SAGA, N, AS HUSBAND & WIFE  
Address: 1589 BLUE HERON DR.  
City-St-Zip: SARASOTA, FL 34239

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

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

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

**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:

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: WADE PICKARD

MGRM

04/01/2009

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