

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000119440

Entity Name: FSA/TOLLGATE, LLC

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

3893 MANNIX DRIVE, UNIT 522
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3893 MANNIX DRIVE, UNIT 522
NAPLES, FL 34114

New Mailing Address:

FEI Number: 41-2190278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEAGER CHEFFY, JANE
2375 TAMiami TRAIL NORTH, SUITE #310
NAPLES, FL 34103 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: FOX, KENNETH
Address: 3994 MANNIX DRIVE, UNIT 218
City-St-Zip: NAPLES, FL 34114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOX, KENNETH
Address: 3993 MANNIX DRIVE, UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: MGRM () Change (X) Addition
Name: SPEZIO, JOSEPH
Address: 3893 MANNIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: MGRM () Change (X) Addition
Name: ANDREA, THOMAS
Address: 3893 MANNIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

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: KENNETH FOX

MGRM

07/06/2007

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