## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000052824

City-St-Zip:

Entity Name: GATE PROPERTIES IV, LLC

FILED Jan 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9540 SAN JOSE BLVD JACKSONVILLE, FL 32241 **Current Mailing Address: New Mailing Address:** PO BOX 23637 JACKSONVILLE, FL 32241 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIEB, E. ALLEN JR MCCORMACK, JAMES E 1301 RIVERPLACE BOULEVARD STE 1500 9540 SAN JOSE BLVD JACKSOVNILLE, FL 32257 US JACKSOVNILLE, FL 32207 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: JAMES E MCCORMACK 01/30/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: ( ) Delete Title: ( ) Change (X) Addition LUEDERS, JACK C JR Name: Name: Address: Address: 9540 SAN JOSE BLVD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: Title: ( ) Change (X) Addition ( ) Delete LAMBERT, HAGEN W Name: Name: Address: Address: 9540 SAN JOSE BLVD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: ( ) Change (X) Addition MCCORMACK, JAMES E Name: Name: 9540 SAN JOSE BLVD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: **VPAS** ( ) Change (X) Addition Name: Name: LAMBERT, HAGEN W 9540 SAN JOSE BLVD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: ( ) Change (X) Addition MCCORMACK, JAMES E Name: Name: 9540 SAN JOSE BLVD Address: Address:

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.

City-St-Zip:

JACKSONVILLE, FL 32257

SIGNATURE: JAMES E MCCORMACK S 01/30/2007