

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052824

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: GATE PROPERTIES IV, LLC

## Current Principal Place of Business:

9540 SAN JOSE BLVD  
JACKSONVILLE, FL 32241

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 23637  
JACKSONVILLE, FL 32241

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCORMACK, JAMES E  
9540 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

HIEB, ALLEN E JR  
9540 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US

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: ALLEN HIEB JR

03/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MP ( ) Delete  
Name: LUEDERS, JACK C JR  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: M ( ) Delete  
Name: LAMBERT, HAGEN W  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: M ( ) Delete  
Name: MCCORMACK, JAMES E  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPAS ( ) Delete  
Name: LAMBERT, HAGEN W  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST ( ) Delete  
Name: MCCORMACK, JAMES E  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LAMBERT, HAGEN W  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR (X) Change ( ) Addition  
Name: MCCORMACK, JAMES E  
Address: 9540 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32257

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: JAMES E MCCORMACK

MGR

03/24/2009

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