

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059780

FILED
Jul 05, 2007
Secretary of State

Entity Name: MCCAY TALMONT GOLDEN GATE, LLC

Current Principal Place of Business:

265 SOUTH FEDERAL HIGHWAY
266
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

265 SOUTH FEDERAL HIGHWAY
266
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 20-5041085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TALCOTT, LELAND H
701 SW 17TH STREET
BOCA RATON, FLORIDA, FL 33486 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TALCOTT, LELAND H
Address: 701 SW 17TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: PANTAGES, PETER
Address: 2275 HWY 33, SUITE 305
City-St-Zip: HAMILTON SQUARE, NJ 08690

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TALCOTT, LELAND H
Address: 265 SOUTH FEDERAL HIGHWAY #266
City-St-Zip: DEERFIELD BEACH, FL 33441

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: LELAND TALCOTT

MGR

07/05/2007

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