

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062836

Entity Name: NEXXUS GATE, LLC

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

410 ST. CLAIR ABRAMS AVE.
TAVARES, FL 32778

New Principal Place of Business:

110 N. PRAIRIE ST.
HENDRICKS, MN 56136

Current Mailing Address:

410 ST. CLAIR ABRAMS AVE.
TAVARES, FL 32778

New Mailing Address:

P.O. BOX 222
HENDRICKS, MN 56136

FEI Number: 20-0221980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, FRED
410 ST. CLAIR ABRAMS AVE.
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

ROSS, JOHN
1848 N. PINELLAS
TARPON SPRINGS, FL 34688 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: JOHN ROSS

03/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHMIDT, FRED
Address: 410 ST. CLAIR ABRAMS AVE.
City-St-Zip: TAVARES, FL 32778

Title: MGR () Delete
Name: SCHMIDT, LISA
Address: 410 ST. CLAIR ABRAMS AVE.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHMIDT, FRED
Address: 110 N. PRAIRIE ST.
City-St-Zip: HENDRICKS, MN 56136

Title: MGR (X) Change () Addition
Name: SCHMIDT, LISA
Address: 110 N. PRAIRIE ST.
City-St-Zip: HENDRICKS, MN 56136

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.

SIGNATURE: LISA SCHMIDT

MNG

03/30/2007

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