## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L06000073789

1. Entity Name
GOLDEN GATE BH PARTNERS LLC



**FILED** Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90366 032 \*\*\*\*50.00

i											
Principal Place 237 SOUTH V SUITE 220 ALTAMONTE	VESTMONTE	E DRIVE	Mailing Address 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714 US						<b>.</b>		<b>11</b> 1   (   <b>11</b> 1)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State	City & State			4. FEI Nymb	)-5276	911		plied For t Applicable
Zip	Country		Zip	ip Country				e of Status Desired		\$5.00 Add Fee Required	itional
	6. Name	and Address of Current	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent				
					Name						
SMALLEY, 237 SOUT SUITE 220	H WESTN	MONTE DRIVE	Street Address			ess (P	(P.O. Box Number is Not Acceptable)				
ALTAMONTE SPRINGS, FL 32714					0					1 - 0 (	
				City				FL	Zip Code	•	
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		is \$50.00 y 1, 2007							ike check p da Departm	ayable to ent of State	; •
9.		MANAGING MEMBE	S/MANAGERS 10.					ADDITIONS	S/CHANGES	i	
TITLE	MGR		☐ Delete TITLE		.E		•			☐ Change	☐ Addition
NAME	l	Y, GERALD M	NAMI		- 1						
STREET ADDRESS   237 SOUTH WESTMONTE DRIVE CITY-ST-ZIP   ALTAMONTE SPRINGS, FL 3271			=		EET ADORESS						
	ALTAMO	NIE SPRINGS, FL 32			Y-ST-ZIP						
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NAME				NA!	ME .						
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STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP	ļ			CIT	Y-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.											