

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90070 012 ***138.75

00004213

DOCUMENT # L06000073789 1. Entity Name GOLDEN GATE BH PARTNERS LLC					
Principal Place of Business 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5276911			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name <u>Jerry Smalley</u> Street Address (P.O. Box Number is Not Acceptable) <u>237 S. Westmonte Ave</u> <u>Suite 220</u> City <u>Altamonte Springs</u> FL <u>32714</u>		
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 <u>[Signature]</u> DATE <u>1/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <u>[Signature]</u> DATE <u>1/18/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					