

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111455

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** MCP-GP, LLC

**Current Principal Place of Business:**

12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34110

**New Principal Place of Business:**

999 VANDERBILT BEACH ROAD  
#610  
NAPLES, FL 34108

**Current Mailing Address:**

12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34110

**New Mailing Address:**

999 VANDERBILT BEACH ROAD  
#610  
NAPLES, FL 34108

FEI Number: 20-5898704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATES, TODD E  
12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

JOSEPH, MICHAEL E  
999 VANDERBILT BEACH ROAD  
#610  
NAPLES, FL 34108 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: MICHAEL JOSEPH

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GATES, TODD E  
Address: 12810 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GATES COMMUNITIES, LLC  
Address: 999 VANDERBILT BEACH ROAD #610  
City-St-Zip: NAPLES, FL 34108

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: RICHARD S CRAWFORD

MGR

04/08/2009

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