FILED
Aug 11, 2008 8:00 am
Secretary of State
04-28-2008 90029 022 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000052778

1. Entity Name
GULF GATE TOWERS, LLC

Principal Place of Business	Mailing Address
7820 S. HOLIDAY DRIVE SUITE 320 SARASOTA, FL 34231	7820 S. HOLIDAY DRIVE SUITE 320 SARASOTA, FL 34231

03262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7820 S. Holiday DR		7820 S. Holiday DR	
Suite, Apt. #, etc.: Suite 220		Suite, Apt. #, etc.: Suite 220	
City & State: Sarasota FL		City & State: Sarasota FL	
Zip: 34231	Country: USA	Zip: 34231	Country: USA

4. FEI Number: 26-0754111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEFEVRE, THOMAS J 7820 S. HOLIDAY DRIVE SUITE 320 SARASOTA, FL 34231	Name Street Address (P.O. Box Number is Not Acceptable) 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] DATE 4-8-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM LEFEVRE, THOMAS J 7820 S. HOLIDAY DRIVE, SUITE 320 SARASOTA, FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7820 S. HOLIDAY DR Suite 220	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAUGHAN, THOMAS S 7350 S. TRAIL SARASOTA, FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

Gulf Gate Towers, LLC

300108 02
#L07000032778

Division of Corporations

To Whom It May Concern:

Re: Gulf Gate Towers, LLC.

Dear Sirs:

You sent me a notice of dissolution for above noted company. After speaking to you today, you said that you sent me a letter asking for our EIN number in May. I never received that request. I am resubmitting my Annual report with the EIN number on it per the instructions of your representative. You have received my check already. I hope this takes care of the matter. If you have any questions please call me at number below.

Sincerely,

Tom LeFevre

7820 S. Holiday Drive Suite 220 Sarasota, FL 34231 (941) 925-3603