## File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

FILED 1/20

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<u>\$ 188</u>	3.75 Make Check Payable T	io: FLORIDA	DEPARTMEN	IT OF STATE	] -	SEUTE IVI	(Tur.5	IAIL	
1 Name	end Malling Address nited Liability Company	TALLAHASSEE FLORIDA							
SMARTGATE, L.C. 1800 SECOND STREET SUITE 854 SARASOTA FL 34236					1a. Principal Place of Business Address  1800 SECOND STREET SUITE 854 SARASOTA FL 34236				
2. Principal Place of Business 2a. Mail			ling Address		3. Date Organized or Qualified		3a. State	of Formation	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, e	pt. #, etc.		01/23/1997 4. FEI Number		FL Applied For		
City & State City &		City & State	State		65-0730078		}	Not Applicable	
Zip Country		Zip	Coun	itry	5. Date of Last Report N/A			ate of Status Desired	
	7. Name and Address of Current	Registered Age	ent	- B.	I Name and Address	of New Regis	tered Agent	Muse	
DUFFEY, SAMUEL S				Name			-		
1800 SECOND STREET SUITE 854 SARASOTA FL 34236			Street Address (P.O. Box Number Is No Suite, Apt. #, etc.			0002 -04/22	<u> 10024969718</u> -04/22/9801092017		
				City		****1 FL	88.75 Zip Code	****188.75	
ns register as registe	ant to the provisions of Sections 608.416 a pred office or registered agent, or both, in the pred agent, and accept the obligations.	State of Florida. S	Such change was a	authorized by affirmat	tive vote of a majority	ubmits this state y of the members	s. I hereby ac	purpose of changing cept the appointment	
			OTE: Registered Agent signature required when reinstaling)				*		
10. 11116	Managing Members/Managers		Business Street Address			City,	State and Zi	ip Code	
MGR	MICHAEL, STEPHEN	A 1	800 SECO	OND STREET	r, SUITE	SARASO	TA FL		
MGR	DUFFEY, SAMUEL S	11	800 SECO	OND STREET	, SUITE	SARASOTA FL			
<b>M</b> GR	ROTH, ROBERT T	1100-ASTRONAUT-BLVD. 621 N. Mills Avenue			ORLANDO FL				

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

WAYG MANAGING MEMBER OR MANAGER