

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90031 032 ****50.00

DOCUMENT # L97000000093

1. Entity Name

SMARTGATE, L.C.



Principal Place of Business

**4400 INDEPENDENCE COURT
SARASOTA, FL 34234**

Mailing Address

**4400 INDEPENDENCE COURT
SARASOTA, FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0730078

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

**DUFFEY, SAMUEL S
4400 INDEPENDENCE COURT
SARASOTA, FL 34234**

Name

LUSTIG, HERBERT M.

Street Address (P.O. Box Number is Not Acceptable)

4400 Independence Court

City

Sarasota

FL

Zip Code

34234

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, the registered agent.

SIGNATURE

Signature of registered agent and title if applicable.

Herbert M Lustig, President, CEO

4-15-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRP** ☒ Delete
NAME **MICHAEL, STEPHEN A**
STREET ADDRESS **4400 INDEPENDENCE COURT**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **MGRP** ☐ Change ☒ Addition
NAME **LUSTIG, HERBERT M.**
STREET ADDRESS **4400 Independence Court**
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **MGR** ☒ Delete
NAME **DUFFEY, SAMUEL S**
STREET ADDRESS **4400 INDEPENDENCE COURT**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **KING, EDMUND**
STREET ADDRESS **4400 INDEPENDENCE CT.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **MGRTS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **KNIGHT, ROBERT**
STREET ADDRESS **4400 INDEPENDENCE CT.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **DOLAN, WILLIAM W**
STREET ADDRESS **4400 INDEPENDENCE CT.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(941)355-9361

SIGNATURE:

Herbert M Lustig, President, CEO

4-15-04

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

Date

Daytime Phone #