

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90102 020 \*\*\*138.75

**DOCUMENT # L98000001774**

1. Entity Name  
**GARDEN GATE PARTNERS, L.L.C.**



Principal Place of Business  
**300 PARK AVENUE NORTH, SUITE 200  
WINTER PARK, FL 32789**

Mailing Address  
**300 PARK AVENUE NORTH, SUITE 200  
WINTER PARK, FL 32789**

**50002957**



02142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3534328**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUILDER, J. LINDSAY JR  
369 N NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WILLIAMS, LARRY E
STREET ADDRESS	300 PARK AVENUE NORTH, SUITE 200
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	BUILDER, J. LINDSAY JR
STREET ADDRESS	369 N NEW YORK AVENUE, 3RD FLOOR
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**4/10/08 407 6454700**

Date Daytime Phone #