2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005
Secretary of State

DOCUMENT# L99000006422

Entity Name: WINTERGATE, LLC

Current Principal Place of Business:

721 NE 3RD AVE.
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

721 NE 3RD AVE.
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-0952274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD., STE 820
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DOERING, RALPH H
Address: 1201 SE 2ND CT., #104
City-St-Zip: FT.LAUDERDALE, FL 33301

Title: MGRM ( ) Delete
Name: DOERING, JOHN C
Address: 1201 SE 2ND CT., #104
City-St-Zip: FT.LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOERING, RALPH H
Address: 721 NE 3RD AVE
City-St-Zip: FT.LAUDERDALE, FL 33304

Title: MGRM (X) Change ( ) Addition
Name: DOERING, JOHN C
Address: 721 NE 3RD AVE
City-St-Zip: FT.LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH H. DOERING, III MGRM 06/06/2005

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