

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90017 038 ****50.00

DOCUMENT # L99000006505

1. Entity Name

SUMMERLIN GATEWAY, L.L.C.



946846



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12734 KENWOOD LANE, SUITE 35
 FT. MYERS FL 33907

Mailing Address

12734 KENWOOD LANE, SUITE 35
 FT. MYERS FL 33907

2. Principal Place of Business

11281 Summerlin Square Blvd
 Suite, Apt. #, etc.

3. Mailing Address

12734 Kenwood Lane
 Suite, Apt. #, etc. #35

City & State

Fort Myers FL
 Zip 33931 Country

City & State

Fort Myers FL
 Zip 33907 Country

4. FEI Number

41-4601210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARROLL, JAMES P
 12734 KENWOOD LANE
 FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
 NAME CARROLL, JAMES P
 STREET ADDRESS 12734 KENWOOD LANE, SUITE 35
 CITY-ST-ZIP FT. MYERS FL 33907

TITLE MGRM ☐ Delete
 NAME BECK, LOUIS
 STREET ADDRESS 2300 CORPORATE BLVD., N.W., STE. 232
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGRM ☐ Delete
 NAME GARVIN, JEFFREY R
 STREET ADDRESS 500 KINZIE ISLAND COURT
 CITY-ST-ZIP SANIBEL FL 33957

TITLE MGRM ☐ Delete
 NAME VAN SLYKE JR, GLEN
 STREET ADDRESS 9803 CLEAR LAKE CIRCLE
 CITY-ST-ZIP NAPLES FL 34109

TITLE MGRM ☐ Delete
 NAME AYERS, HASKEL
 STREET ADDRESS P.O. BOX 1467
 CITY-ST-ZIP LAFOLETTE TN 37766

TITLE MGRM ☐ Delete
 NAME YEAGGY, HARRY
 STREET ADDRESS 2300 CORPORATE BLVD., N.W., STE. 232
 CITY-ST-ZIP BOCA RATON FL 33431

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 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.

SIGNATURE

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

Date

Daytime Phone #

James P. Carroll

4-17-02

CR2E083 (9/01)