

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 046 ****50.00

DOCUMENT # L99000006505

1. Entity Name
SUMMERLIN GATEWAY, L.L.C.



Principal Place of Business
11281 SUMMERLIN SQ BLVD
FORT MYERS BEACH, FL 33931

Mailing Address
12734 KENWOOD LANE #35
FORT MYERS, FL 33907

24040000



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARROLL, JAMES P
STREET ADDRESS	12734 KENWOOD LANE, SUITE 35
CITY - ST - ZIP	FT. MYERS, FL 33907
TITLE	MGRM
NAME	BECK, LOUIS
STREET ADDRESS	2300 CORPORATE BLVD., N.W., STE. 232
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	GARVIN, JEFFREY R
STREET ADDRESS	500 KINZIE ISLAND COURT
CITY - ST - ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	VAN SLYKE JR, GLEN
STREET ADDRESS	9803 CLEAR LAKE CIRCLE
CITY - ST - ZIP	NAPLES, FL 34109
TITLE	MGRM
NAME	AYERS, HASKEL
STREET ADDRESS	P.O. BOX 1467
CITY - ST - ZIP	LAFOLLETTE, TN 37766
TITLE	MGRM
NAME	YEAGGY, HARRY
STREET ADDRESS	2300 CORPORATE BLVD., N.W., STE. 232
CITY - ST - ZIP	BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

10/27/04
Date

239 278 5900
Daytime Phone #