



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

LAP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 16 AM 9:28

DOCUMENT # M00000002121 1. Entity Name MAINGATE MANAGERS GP, L.L.C.					
Principal Place of Business 3250 MARY ST., STE. 500 MIAMI, FL 33133			Mailing Address 3250 MARY ST., STE. 500 MIAMI, FL 33133		
2. Principal Place of Business *1200 Brickell Avenue Suite, Apt. #, etc. Suite 1460		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number 74-2975491	
Zip 33131		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAINGATE MANAGERS L.P. 3250 MARY ST., 5TH FLOOR COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *1200 Brickell Avenue, Suite 1460 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIBHAI, KARIM 3250 MARY ST., STE. 500 MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *1200 Brickell Avenue, Suite 1460 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REILLY, E. DONALD JR 3250 MARY STREET, SUITE 500 MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *1200 Brickell Avenue, Suite 1460 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300058742733 08/18/05--01053--025 **350.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  TOM BEZOL/CFO 8/12/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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