

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90176 026 ****50.00

DOCUMENT # M00000002121

1. Entity Name

MAINGATE MANAGERS GP, L.L.C.



Principal Place of Business

801 BRICKELL AVENUE
PH II, ONE BRICKELL SQUARE
MIAMI, FL 33131

Mailing Address

801 BRICKELL AVENUE
PH II, ONE BRICKELL SQUARE
MIAMI, FL 33131

60030171



03142007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

74-2975491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MAINGATE MANAGERS L.P.
STREET ADDRESS 4200 BRICKELL AVENUE, STE 1460
CITY-ST-ZIP MIAMI, FL 33131
*801 Brickell Ave
PH2*

TITLE P
NAME ALIBHAI, KARIM
STREET ADDRESS 1200 BRICKELL AVENUE, STE 1460
CITY-ST-ZIP MIAMI, FL 33131
*801 Brickell Ave
#PH2*

TITLE MGR
NAME BIZARD THOMAS J
STREET ADDRESS 801 BRICKELL AVENUE PH II
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BEZOLD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

(305) 442-9800 x111