2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000002254

EAGLE GATE FINANCIAL SERVICES, LC



FILED Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

10653 S. RIVER FRONT PARKWAY #170 SOUTH JORDAN, UT 84095

10653 S. RIVER FRONT PARKWAY #170 SOUTH JORDAN, UT 84095



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEt Number 87-0669225

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC. 2331 HANSEN PLACE TALLAHASSEE, FL 32301

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		HNI	MIS SPACE
8. The above the obligat	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
D	lling Fee is \$50.00 ue by May 1, 2007		- ;
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR ROBBINS, GREGORY 673 W. 2460 NORTH LEHI, UT 84043		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00080711940 04/26/07-80028-002 50.00

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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

11. I hereby certify that the information supplied with his filing ties not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information chature shall have the same legal effect as if made under oath; that I am a managing member or manager of the do to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and limited liability company or the receiver or trustee empower

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #