

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001772

FILED
May 21, 2007
Secretary of State

Entity Name: GATOR PARTNERS, LLC

Current Principal Place of Business:

3890 TURTLE CREEK DRIVE
SUITE A
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

3890 TURTLE CREEK DRIVE
SUITE A
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 20-0559397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECOMPTE, JOSEPH DR
Address: 3890 TURTLE CREEK DRIVE SUITE A
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR () Delete
Name: PARKS, JEFF DR
Address: 410 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGR () Delete
Name: STAUDT, EDWARD DR
Address: 944 BRIDGEWATER DRIVE SUITE 2B
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGR () Delete
Name: LONG, JOHNS
Address: 155 N NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Delete
Name: GUINDI, SHERIFF
Address: 730 S ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH LECOMPTE

DR.

05/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date