

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004270

FILED  
May 21, 2007  
Secretary of State

Entity Name: GATOR PARTNERS II, 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: FEI Number Applied For (X) 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:**

**Name and Address of New Registered Agent:**

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

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:**

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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

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

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

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