

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90213 015 ****50.00

DOCUMENT # L00000004588

1. Entity Name
GATOR REAL ESTATE HOLDINGS, LLC



Principal Place of Business
2440 S.E. FEDERAL HIGHWAY
STUART, FL 34994

Mailing Address
2440 S.E. FEDERAL HIGHWAY
STUART, FL 34994



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-1004727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARFF, BURTON G ESQ.
2315 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name **Char O'Donnell, Administrator**

Street Address (P.O. Box Number is Not Acceptable)
2440 SE Federal Hwy, Suite 600

City **Stuart** **FL** **34994**

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

Char O'Donnell

Char O'Donnell

3-9-04

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MEM ☐ Delete
NAME GARRIS, STANLEY R
STREET ADDRESS P.O. BOX 359
CITY-ST-ZIP STUART, FL 34994

TITLE MEM ☐ Delete
NAME GARRIS, CHRISTOPHER
STREET ADDRESS P.O. BOX 359
CITY-ST-ZIP STUART, FL 34994

TITLE MEM ☐ Delete
NAME O'DONNELL, CHAR
STREET ADDRESS P.O. BOX 359
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stanley R. Garriss
Stanley R. Garriss

3-9-04

772-287-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #