
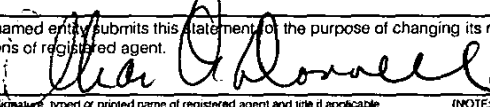
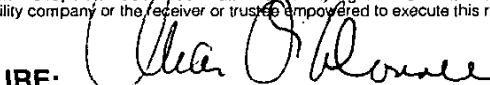


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90033 035 ****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 Suite, Apt. #, etc.		3. Mailing Address P. O. Box 359			
City & State		City & State Stuart, FL		4. FEI Number 65-1004727	
Zip 34995		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, CHAR ADMIN. 2440 SE FEDERAL HWY STE 600 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL Zip Code 34990	
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 4-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GARRIS, STANLEY R P.O. BOX 359 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GARRIS, CHRISTOPHER P.O. BOX 359 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM O'DONNELL, CHAR P.O. BOX 359 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GARRIS, STANLEY R P.O. BOX 359 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GARRIS, CHRISTOPHER P.O. BOX 359 STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM O'DONNELL, CHAR P.O. BOX 359 STUART, FL 34994	<input type="checkbox"/> Delete			
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: 		4/18/05 772-287-1844 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20038639



04182005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Delete
NAME	GARRIS, STANLEY R	
STREET ADDRESS	P.O. BOX 359	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	GARRIS, CHRISTOPHER	
STREET ADDRESS	P.O. BOX 359	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	O'DONNELL, CHAR	
STREET ADDRESS	P.O. BOX 359	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

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

Date

Daytime Phone #