

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90098 023 \*\*\*150.00

DOCUMENT # L01000002204

1. Entity Name  
GATOR COUNTRY, L.L.C.



Principal Place of Business  
4993 BACOPA LANE SOUTH #705  
ST. PETERSBURG, FL 33715

Mailing Address  
4993 BACOPA LANE SOUTH #705  
ST. PETERSBURG, FL 33715



07152004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3714073

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MENKE, ROBERT  
360 CENTRAL AVENUE, 17TH FL  
ST. PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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

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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE ~~MR~~  
NAME ~~MENKE, ROBERT~~ **DELETE**  
STREET ADDRESS ~~360 CENTRAL AVENUE, 17TH FL~~  
CITY - ST - ZIP ~~ST. PETERSBURG, FL 33701~~ **PLEASE**

TITLE **MR**  
NAME **GARY R. FROID**  
STREET ADDRESS **4993 BACOPA LANE SOUTH SUITE 705**  
CITY - ST - ZIP **ST. PETERSBURG FL 33715**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

*[Signature]*  
July 16, 2004

Date

207 439 0380

Daytime Phone