

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91004 025 ****55.00

DOCUMENT # **L02000002671**



1. Entity Name
GATOR REAL ESTATE INVESTMENTS LTD CO

Principal Place of Business
**13336 N. CENTRAL AVE
TAMPA FL 33612**

Mailing Address
**4909 SPRUCE HILL
#400-700
CANTON OH 44718**

30063015



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
19112 Beckett DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ODESSA FL

City & State

4. FEI Number
29-4763444

Applied For
 Not Applicable

Zip
33556

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVERETT, ROBERT J.
13336 N. CENTRAL AVE
TAMPA FL 33612**

Name **EVERETT, ROBERT J.**

Street Address (P.O. Box Number is Not Acceptable)
8313 Solano Bay Loop Ste 1511

City **TAMPA** FL Zip Code **33635**

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 **ROBERT J. EVERETT** (NOTE: Registered Agent Signature required when reinstating) DATE **4-22-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By: May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MBRM** Delete

NAME **DANIELE, Joseph F.**

STREET ADDRESS **13336 N. CENTRAL AVE**

CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition

NAME

STREET ADDRESS **19112 Beckett DR.**

CITY-ST-ZIP **ODESSA FL 33556**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete

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: **[Signature]** DATE **4-22-03** DAYTIME PHONE # **813-926-1323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #

CR2E083 (10/02)