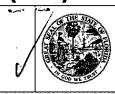
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032830

1. Entity Name

GATORLAND KUBOTA, LLC



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90004 001 ****50.00

JUGGEOUUE

di	4.5	2 6 6	1500	10000		30.00	100000		LB	3.3	and the	saffin.	11.		740			44.35.		- 1		55,000	400	10
	きる	8	17-25	1605	wı	44.2 7	新疆科	νи		4.4	33	\$0.00		5550	W . To			MF2	•	-		240	1000	14
			•		4.		100				歪	17.2	1 B.	4.55	19 16		•		-			•		. 3
	Section	as territo	Poll Dec	STATE OF	St. Luvinia	Con 23, 150	Section 1	Sect West	Stores Circ	Section 15	dans.dr	stemate.	St. Hills	edi (Ciliano)	JULY 1885	SPLE-SUR	Section .	of William	c.min.com	or Victory Br	district.	Western d.	Leaders Company	

		The course of the second con-			
	Place of Business	3. Mailing Address		7	
2373	3 5 w. Archer Rd.	2373 50	6 FI	\mathscr{L}	
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
G-q.ns	te FL	City & State	le, FL		<u></u>
City & Stat	te			4. FEI Number Applied Not App	
Zip #3.2	658 USA	Zip 32608	Country US19	5. Certificate of Status Desired \$5.00 Additional Fee Required	al l
	ale nel le l'energie de l'energie me l'energie de l'energie de l'energie de l'energie de l'energie de l'energi			7. Name and Address of Current Registered Agent	
			Name 2	AN P. PAGE	Ì
	DO-NOT-W	RITE	Street Address	4 N P. PA6E	
	IN THIS SE	MCE	5/84	(P.O. Box Number is No. Acceptable)	
		AUE		• • •	
			City	FL Zip Code 3260	28
• The above	period antity submits this statement to	r the purpose of changing its	(27.24.52.23.	tered agent, or both, in the State of Florida. I am familiar with, and a	ccent
	tions of registered agent.	if the purpose of changing its	registered office of regist	tered agent, or bottl, in the State of Florida. Familianistal with, and a	Jeept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable		DATE	-
	адпалате, турев от ришев налие от гезнаетев аделе		FEE IS \$50.00		
 			r c c i i i i i i i i i i i i i i i i i	nert of State	ĺ
		AND THE PROPERTY OF THE PROPER	OUE BY MAY 1		-
9.	MANAGING MEMBE				
TITLE			TITLE		
NAME	Manager Alan P. Pag- 5184 N.W. 19	و	NAME	$(a_{1},a_{2},a_{3},a_{4},a_{5},a_{$	
STREET ADDRESS	5124 NW. 19	the place	STREET ADDRESS	en de la companya de La companya de la co	
CITY-ST-ZIP	Ocala F1. 34	482	CITY-ST-ZIP		
TITLE	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		TITLE		
NAME			NAME		,
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRITE	
TITLE			TILE	IN THIS SPACE	
NAME			NAME	IN ITIO STACE	
STREET ADDRESS			STREET ADDRESS		

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

2-11-03 352-376-4506

Da

Daytime Phone #