2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000004442

1. Entity Name
SZR GATOR PROPERTIES, LLC

Principal Place of Business	Mailing Address
450 17TH STREET N.W. NAPLES, FL 34120	450 17TH STREET N.W. NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE

03272008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
91-2187132	Not Applicable

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

6. Name and Address of Current Registered Agent

MARC F. OATES, P.A.
5515 BRYSON DRIVE
SUITE 502
NAPLES, FL 34109

**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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000895980
04/24/08-80089-013 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RIVERON, SEFAFIN
STREET ADDRESS	450 17TH STREET N.W.
CITY-ST-ZIP	NAPLES, FL 34120

TITLE	MGRM
NAME	RIVERON, ZULINA
STREET ADDRESS	450 17TH STREET N.W.
CITY-ST-ZIP	NAPLES, FL 34120

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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: _Zulina Riveron, MGLM_   3/27/08   (239)353-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #