

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026193

Entity Name: GATORBYTES, LLC

FILED
Feb 12, 2005
Secretary of State

Current Principal Place of Business:

3616 NW 77 TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

4735 NW 79 RD
GAINESVILLE, FL 32653

Current Mailing Address:

3616 NW 77 TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

4735 NW 79 RD
GAINESVILLE, FL 32653

FEI Number: 20-0098977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, JEREMY D
3616 NW 77 TERRACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

COFFEY, JEREMY D
4735 NW 79 RD
GAINESVILLE, FL 32653 US

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.

SIGNATURE:

02/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COFFEY, JEREMY D
Address: 3616 NW 77 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: MATTHEWS, LAURA L
Address: 10076 PERSIMMON HILL CT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COFFEY, JEREMY D
Address: 4735 NW 79 RD
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM (X) Change () Addition
Name: COFFEY, LAURA L
Address: 4735 NW 79 RD
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEREMY COFFEY

MGRM

02/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date