

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000027936

FILED
Jul 27, 2006
Secretary of State**Entity Name:** GATOR HOMES, LLC**Current Principal Place of Business:**P.O. BOX 24943
C/O BANTA PROPERTIES
FORT LAUDERDALE, FL 33307**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 24943
C/O BANTA PROPERTIES
FORT LAUDERDALE, FL 33307**New Mailing Address:****FEI Number:** 32-0110816**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ANGELO & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: BANTA, BRADFORD C
Address: P.O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: SNYDER, HEATHER B
Address: P.O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307Title: MGRM () Change (X) Addition
Name: SNYDER, STANLEY R
Address: P.O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRADFORD C. BANTA

MGRM

07/27/2006

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