

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000027936

1. Entity Name
GATOR HOMES, LLC



Principal Place of Business
**P.O. BOX 24943
C/O BANTA PROPERTIES
FORT LAUDERDALE, FL 33307**

Mailing Address
**P.O. BOX 24943
C/O BANTA PROPERTIES
FORT LAUDERDALE, FL 33307**



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0110816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANGELO & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BANTA, BRADFORD C
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	MGRM
NAME	SNYDER, HEATHER B
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	MGRM
NAME	SNYDER, STANLEY R
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/07-80005-006 50.00

**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 606, Florida Statutes

SIGNATURE: _____

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

Bradford C Banta 4-24-07 954 566 0759

Date

Daytime Phone #