2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90104 023 ****50.00

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1. Entity Name
ALLIGATOR LAKE SOD, LLC

Principal Place of Business	Mailing Address
25 EAST 17TH STREET ST. CLOUD, FL 34769	25 EAST 17TH STREET ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0558027	Not Applicable

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

6. Name and Address of Current Registered Agent

BRADLEY, RICHARD W
524 SIMPSON AVENUE
KISSIMMEE, FL 34744

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GROSS, CHARLES N JR.
STREET ADDRESS	25 EAST 17TH STREET
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	MGRM
NAME	GROSS, CHARLES N III
STREET ADDRESS	25 EAST 17TH STREET
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 2/17/05   407-957-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #