


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90051 040 ****50.00

DOCUMENT # L03000056209	
1. Entity Name ALLIGATOR LAKE SOD, LLC	

Principal Place of Business 25 EAST 17TH STREET ST. CLOUD, FL 34769	Mailing Address 25 EAST 17TH STREET ST. CLOUD, FL 34769
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2. Principal Place of Business 1136 New York Ave. Suite, Apt. #, etc.	3. Mailing Address 1136 New York Ave. Suite, Apt. #, etc.
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City & State St. Cloud, FL	City & State St. Cloud, FL
Zip 34769	Country
Zip 34769	Country



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0558027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRADLEY, RICHARD W 524 SIMPSON AVENUE KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1134 New York Ave City ST. Cloud FL Zip Code 34769
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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: 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, CHARLES N JR. 25 EAST 17TH STREET ST. CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1136 New York Ave. ST. CLOUD, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, CHARLES N III 25 EAST 17TH STREET ST. CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1136 New York Ave. ST. CLOUD, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this form 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: 	4-26-06 407-957-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #