

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025728

1. Entity Name
GREATER GATOR PROPERTIES, LLC



Principal Place of Business

**8200 NW 15TH PLACE
GAINESVILLE, FL 32606**

Mailing Address

**8200 NW 15TH PLACE
GAINESVILLE, FL 32606**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0982581

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTTS, ROBERT P ESQ
FISHER, BUTTS, SECHREST & WARNER, P.A.
5203 S.W. 91ST TERRACE, SUITE D
GAINESVILLE, FL 32608**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHARLES R PERRY REVOCABLE TRUST
STREET ADDRESS	8200 NW 15TH PLACE
CITY- ST- ZIP	GAINESVILLE, FL 32606

TITLE	MGRM
NAME	WEINGART, BRECK A
STREET ADDRESS	8200 NW 15TH PLACE
CITY- ST- ZIP	GAINESVILLE, FL 32606

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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05/13/06-80087-009 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 608, Florida Statutes.

SIGNATURE: _____

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

4/28/06

Date

352-331-4088

Daytime Phone #