

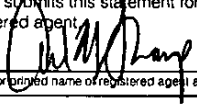



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90035 040 ****50.00

DOCUMENT # L04000027144 1. Entity Name GATOR INVESTMENTS, LLC					
Principal Place of Business 233 S. FEDERAL HIGHWAY #919 BOCA RATON, FL 33432			Mailing Address 233 S. FEDERAL HIGHWAY #919 BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01062006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-1143628 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAMP, ANDREW M 2600 N. MILITARY TRAIL, SUITE 270 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Andrew M Shamp Street Address (P.O. Box Number is Not Acceptable) 233 S. Federal Highway #919 City Boca Raton FL Zip Code 33432	
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  Andrew Shamp DATE 1/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAMP FAMILY LLC 2600 N MILITARY TRL STE 270 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	233 S. Federal Highway #919 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, JASON 1080 OLDE COSWELL GROVE ROSWELL, GA 30075	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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:  Andrew Shamp, Managing Member of Shamp Family LLC DATE 1/6/06 DAYTIME PHONE # 561-362-7827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					