


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90027 039 ****50.00

DOCUMENT # L04000040910	
1. Entity Name W/B GATOR SHOPPING CENTER GP, LLC	

Principal Place of Business 2665 S BAYSHORE DR, STE 1002 MIAMI, FL 33133 3121 PONCE de LEON BLVD, #1250 CORAL GABLES, FL 33134	Mailing Address 2665 S BAYSHORE DR, STE 1002 MIAMI, FL 33133 3121 PONCE de LEON BLVD, #1250 CORAL GABLES, FL 33134
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04262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2343332	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 STEARNS WEAVER MILLER, ET AL C/O RICHARD E SCHATZ 150 W FLAGLER ST, STE 2200 MIAMI, FL 33130

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEISER, WARREN 2665 S. BAYSHORE DRIVE, #1002 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOKS, CAROL 2665 S. BAYSHORE DRIVE, #1002 MIAMI, FL 33133
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**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

WARREN P. WEISER

4/26/06

Date

305-856-7342

Daytime Phone #