

FILED  
Apr 17, 2006 8:00 am  
Secretary of State

04-17-2006 90031 026 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000044596

1. Entity Name  
GATOR RECREATION COMPLEX, LLC



Principal Place of Business  
7050 CRYSTAL DRIVE  
FORT MYERS, FL 33907 US

Mailing Address  
7050 CRYSTAL DRIVE  
FORT MYERS, FL 33907 US

20030325



**DO NOT WRITE IN THIS SPACE**

03012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1241310 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD W  
2248 FIRST STREET  
FORT MYERS, FL 33901

**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]*  
Signature of filer or printed name of registered agent and LLC if applicable

(NOTE: Registered Agent signature required when reappointing)

3/21/06  
DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WALSH, KEVIN J  
STREET ADDRESS 7050 CRYSTAL DRIVE  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

4/5/06  
Daytime Phone #