## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000049718

1. Entity Name

GATOR COMMUNICATIONS, L.L.C.



Principal Place of Business

3742 KOSTEN PLACE SARASOTA, FL 34240 Mailing Address

P.O.BOX 700 SARASOTA, FL. 34230 FILED Apr 25, 2007 08:00 A Secretary of State



04152007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 76-0762233                       | Not Applicable    |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

OTTLINGHAUS, WILLIAM F 3742 KOSTEN PLACE SARASOTA, FL 34240

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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.   | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE: Registered Agent argusture required when reinstating)   | DATE  |  |  |
| The Land Agent Special and the Lappendard. The Land Agent Special Equies with tension 19   |   |  |   |  |  |
| Fi   | ling Fee is \$50.00<br>ue by May 1, 2007  |  |   |  |  |
|  | ue by may 1, 2007   |  |   |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |  |  |
| TITLE  | MGR   |  |   |  |  |
| NAME   | OTTLINGHAUS, WILLIAM F  |  |   |  |  |
| STREET ADDRESS   | 3742 KOSTEN PLACE   | Ugoood   | 330046  |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240  |  | 1729843<br>60053-023 50.00  |  |  |
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| CITY-ST-ZIP  |   |  |   |  |  |
| DILE   |   |  |   |  |  |
| NAME   |   |  |   |  |  |
| STREET ADDRESS   |   |  |   |  |  |
| CITY-ST-ZIP  |   |  |   |  |  |
| 11. I hereby   | certify that the information supplied with this filling does not o  | qualify for the exemptions contained in Chapter 119, Florida Statutes.   | I further certify that the information                            |  |  |
| indicated<br>limited lia   | 11. I hereby certify that the information supplied with this filling 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. |  |   |  |  |