

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071750

Entity Name: GLADIATOR CAPITAL, L.L.C.

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

5225 SAND LAKE COURT
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

5225 SAND LAKE COURT
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 20-1718684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, SAM D
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIANOPLUS, STEPHAN J
Address: 5225 SAND LAKE COURT
City-St-Zip: SARASOTA, FL 34238

Title: MGRM () Delete
Name: THEIRL, CRAIG A
Address: 3215 30TH STREET APT A-23
City-St-Zip: ASTORIA, NY 11106

Title: MGRM () Delete
Name: PLATZ, ROBB C
Address: 401 CHANNELSIDE WALKWAY, APT 1163
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PALTZ, ROBB C
Address: 2421 W HORATIO ST #836
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG THEIRL

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date