

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071750

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

FILED
May 25, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: PALTZ, ROBB C
Address: 2421 W HORATIO ST #836
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

MGR

05/25/2008

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