

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004270

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: GATOR PARTNERS II, LLC

## Current Principal Place of Business:

3890 TURTLE CREEK DRIVE  
SUITE A  
PORT ORANGE, FL 32127 US

## New Principal Place of Business:

## Current Mailing Address:

3890 TURTLE CREEK DRIVE  
SUITE A  
PORT ORANGE, FL 32127 US

## New Mailing Address:

FEI Number: 20-2152505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 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: MGR ( ) Delete  
Name: LECOMPTE, JOSEPH  
Address: 3890 TURTLE CREEK DRIVE SUITE A  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR ( ) Delete  
Name: STAUDT, EDWARD  
Address: 944 BRIDGEWATER DRIVE SUITE 2B  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGR ( ) Delete  
Name: PARKS, JEFF  
Address: 410 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGR ( ) Delete  
Name: LONG, JOHN  
Address: 155 N NOVA ROAD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR ( ) Delete  
Name: GUINDI, SHERIFF  
Address: 730 S ATLANTIC AVENUE  
City-St-Zip: ORMOND BEACH, FL 32176 US

## 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:

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: JOSEPH LECOMPTE

MGR

01/07/2008

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