2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State 03-06-2006 90201 047 ****55.00

DOCUMENT # L05000042064 1. Entity Name GATOR NATION, LLC					2000 40 HA				
Principal Place P.O. BOX 14 GAINESVILLE	10062	Mailing Address P.O. BOX 140062 GAINESVILLE, FL 320	_		30004376				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192006	Chg-LLC	CR2E	083 (11/05)		
City & State	e	City & State		4. FEI Num	ber		i i i i i i i i i i i i i i i i i i i	pplied For ot Applicable	
Zip 	Country	Zip -	Countr			e of Status Desired	X	\$5.00 Ad Foo Require	ditional ed
 	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New	Registared	Agent	
	DARLENE J 162ND ST. FL 32618	- -			(P.O. Box Num	ber is Not Acceptab	ele)		
	78. 1			City			FL	Zip Cod	le
8. The above the obligati SIGNATURE	named entity submits this statement to consol registered agent. On Live T. Faco. September 1, typed or protect name of registered agent.	v71		ed office or registe		oth, in the State of F	J-12		and accept
FI. Di	ling Fee is \$50.00 ue by May 1, 2006						ke check p la Departm	ayable to ent of State	•
. 9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE MAME	MGR BROWN, DARLENE J	☐ Deleta	TITL MAM					☐ Change	☐ AddItion
STREET ADORESS City-St-Zip	P.O. BOX 140062 GAINESVILLE, FL 32614		STRE	ET ADORESS -S1-ZIP					
TITLE	MGRM	☐ Delete	TILL					☐ Change	☐ Addition
NAME STREET ADDRESS	BROWN, CHARLES O		NAM					<u>-</u>	
CITY-ST-ZIP	11753 SW 158TH STREET ARCHER, FL 32618			et adoress -st-zip					
THE		☐ Delete	TITU			 ·		☐ Change	Addition
NAME STREET ADDRESS			NAME STRE	ET ACIORESS					
CIY-SI-ZP				-S1-ZIP					-
TITLE		☐ Delete	TITL				•	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
TITLE		☐ Delete	TITLE	-ST-Z/P				☐ Change	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-SI-ZIP	<u>.</u>			ST-ZIP					
TITLE		☐ Celete	TITLE					☐ Change	Addition
NAME STREET ADORESS			STRE	ET ADORESS					
CITY-57-ZIP				ST-ZIP					
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted the company of the receiver or trusted that the company of the receiver or trusted that the company of the receiver of the company of th	I that my signature shall have e empowered to execute this	the same	legal effect as if n required by Chap	nade under oat ter 608, Florida	h: Ihat lam a mana	ging membe	ir or manage	r of the



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 8, 2006

GATOR NATION, LLC P.O. BOX 140062 **GAINESVILLE, FL 32614**

Subject: GATOR NATION, LLC

Reference Number:

£05000042064

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance. call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the_ Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

Called 4.5-0% Was told to mark approprient Box Which is "Not Applicable" Have Done So

Please Sile Report upon Recaipt! Have Marked Approprient Box

Now Returning Doc