

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 21, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000042064

**1. Entity Name
GATOR NATION, LLC**



**Principal Place of Business
P.O. BOX 140062
GAINESVILLE, FL 32614**

**Mailing Address
P.O. BOX 140062
GAINESVILLE, FL 32614**



02172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, DARLENE J
14918 SW 162ND ST.
ARCHER, FL 32618**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000643059
03/01/07-80071-004 55.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROWN, DARLENE J
P.O. BOX 140062
GAINESVILLE, FL 32614**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROWN, CHARLES O
11753 SW 158TH STREET
ARCHER, FL 32618**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-20-07

(352) 495-8142