2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State
05-01-2006 90075 043 ****50.00

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DOCUMENT # L05000059105

1. Entity Name
GATOR PROPERTIES & VENTURES, LLC

Principal Place of Business	Mailing Address
2225 A1A SO SUITE B-7 ST AUGUSTINE, FL 32080	2225 A1A SO SUITE B-7 ST AUGUSTINE, FL 32080

30011176

04292006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
9A ANASTASIA BLVD	9A ANASTASIA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE FL	City & State: ST. AUGUSTINE FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number: 20-2838010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAY, STEVEN E 4125 COASTAL HWY # 137 ST AUGUSTINE, FL, FL 32084 CHANGE OF ADDRESS →	Name: STEVEN E GAY Street Address (P.O. Box Number is Not Acceptable): 210 8th ST. City: ST AUGUSTINE FL Zip Code: 32080

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANASTACIO, MARK 3402 SAND DOLLAR CT ST AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COONEY, THOMAS 6638 PUTNAM ST ST AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAY, STEVEN 4125 COASTAL HWY # 137 ST AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Steven E. Gay 04/29/06 904 471 2279
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #