2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096406

BOYER, KENNEDY G JR

WILLISTON, FL 32696 US

897 SW 1ST AVE

Name: Address:

City-St-Zip:

Entity Name: GATOR OAKS, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18050 NE 55 ST WILLISTON, FL 32696 US **Current Mailing Address: New Mailing Address:** 18050 NE 55 ST 897 SW 1ST AVENUE WILLISTON, FL 32696 US WILLISTON, FL 32696 US FEI Number: 20-3551382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARON C BRANNAN CPA PA 161 N MAIN STREET WILLISTON, FL 32696 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BOYER, KENNEDY G SR Name: Name: Address: 19801 NW HWY 335 Address: City-St-Zip: WILLISTON, FL 32696 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BULLOCK, ROBERT W Name: Address: 505 SW 7TH STREET Address: City-St-Zip: WILLISTON, FL 32696 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNEDY BOYER, SR. MGRM 04/15/2009