

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90017 013 \*\*\*138.75

<b>DOCUMENT # L05000120871</b>					
<b>1. Entity Name</b> ALLI-GATORS OF TRINITY, LLC					
<b>Principal Place of Business</b> 5721 RICHEY DRIVE PORT RICHEY, FL 34668			<b>Mailing Address</b> 5721 RICHEY DRIVE PORT RICHEY, FL 34668		
<b>2. Principal Place of Business - No P.O. Box #</b> 3523 LITTLE ROAD		<b>3. Mailing Address</b> 3523 LITTLE ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TRINITY, FL		<b>City &amp; State</b> TRINITY, FL		<b>4. FEI Number</b> 20-4797247	
<b>Zip</b> 34655		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DUNPHY, WARREN W 5721 RICHEY DRIVE PORT RICHEY, FL 34668			<b>7. Name and Address of New Registered Agent</b> Name: WARREN, W DUNPHY Street Address (P.O. Box Number is Not Acceptable): 3523 LITTLE ROAD City: TRINITY FL Zip Code: 34655		
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNPHY, WARREN W 5721 RICHEY DRIVE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR DUNPHY, WARREN W 3523 LITTLE ROAD TRINITY, FL 34655
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4/30/08 DAYTIME PHONE: 727 376-3887					