

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016061

Entity Name: THREE GATORS, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

3604 WEST VASCONIA STREET  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3493  
TAMPA, FL 33601 34

## New Mailing Address:

FEI Number: 20-4636693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUSTIN, DAVID  
3604 WEST VASCONIA STREET  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete  
Name: AUSTIN, DAVID  
Address: P.O. BOX 3493  
City-St-Zip: TAMPA, FL 33601 US

Title: MGRM ( ) Delete  
Name: FARRELL, SCOTT  
Address: 371 CHANNELSIDE WALKWAY  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete  
Name: COAKLEY, KEVIN  
Address: 801 EAST LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DAVID AUSTIN

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date