2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L06000038466

Entity Name: GATOR INVESTORS, LLC

Current Principal Place of Business:

6514 HOME AGAIN LANE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

6514 HOME AGAIN LANE
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 20-4701036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YARBOROUGH, RILEY G SR.
6514 HOME AGAIN LANE
MACCLENNY, FL 32063 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: YARBOROUGH, CHUCK L
Address: 471 DOGWOOD STREET
City-St-Zip: MACCLENNY, FL 32063

Title: MGRM ( ) Delete
Name: LEE, MARK A
Address: 12081 N. SR 1212
City-St-Zip: MACCLENNY, FL 32063

Title: MGRM ( ) Delete
Name: YARBOROUGH, RILEY G SR.
Address: 6514 HOME AGAIN LANE
City-St-Zip: MACCLENNY,, FL 32063

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LEE, MARK A
Address: 12081 N. SR 121
City-St-Zip: MACCLENNY, FL 32063

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: MARK A. LEE MGRM 04/25/2008

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