

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90183 037 ****55.00

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04092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000106753 1. Entity Name GATOR-NOLE, LLC					
Principal Place of Business 105 COMMERCE WAY SANFORD, FL 32771 US			Mailing Address 701 FOREST VIEW COURT WINTER SPRINGS, FL 32708 US		
2. Principal Place of Business - No P.O. Box # 107 Commerce Way Suite, Apt. #, etc.		3. Mailing Address 107 Commerce Way Suite, Apt. #, etc.		4. FEI Number 20-5834540 Applied For <input type="checkbox"/> Not Applicable	
City & State Sanford FL		City & State Sanford FL			
Zip 32771		Zip 32771			
Country Seminole		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGHT, ALBERT J 701 FOREST VIEW COURT WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Albert J Light</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIGHT, ALBERT J 701 FOREST VIEW COURT WINTER SPRINGS, FL 32708			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: <u><i>Albert J Light</i></u> President				Date <u>4/10/07</u> Daytime Phone # <u>321 397 2072</u>	