2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L07000051422

Entity Name: ALLIGATOR CREEK LLC

Current Principal Place of Business:

670 ALLIGATOR DRIVE
VENICE, FL 342935704

New Principal Place of Business:

Current Mailing Address:

670 ALLIGATOR DRIVE
VENICE, FL 342935704

New Mailing Address:

FEI Number: 26-1101983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIXON, GENE P
670 ALLIGATOR DRIVE
VENICE, FL 342935704 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:	MIXON, GENE P	
Address:	670 ALLIGATOR DRIVE	
City-St-Zip:	VENICE, FL 342935704	
Title:	MGRM	( ) Delete
Name:	MIXON, PATRICIA K	
Address:	670 ALLIGATOR DRIVE	
City-St-Zip:	VENICE, FL 342935704	
Title:	MGRM	( ) Delete
Name:	WHITEAKER, CARLA M	
Address:	670 ALLIGATOR DRIVE	
City-St-Zip:	VENICE, FL 342935704	
Title:	MGRM	( ) Delete
Name:	PARKS, THOMAS A	
Address:	2134 LITTLE SLEEPING CHILD ROAD	
City-St-Zip:	HAMILTON, MT 59840	

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:	
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: PATRICIA K. MIXON MGRM 04/21/2009

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