~~2008~~ 2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000096363

1. Entity Name

GATOR GAMERS, LLC

FILED 09 FEB -3 AM 10:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
100 PLEASANT VALLEY DRIVE DAYTONA BEACH FL 32114 US	100 PLEASANT VALLEY DRIVE DAYTONA BEACH FL 32114 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
175 S. NOVA RD.		175 S. NOVA RD.	
Suite, Apt. #, etc.: SUITE 6-A		Suite, Apt. #, etc.: SUITE 6-A	
City & State: ORMOND BEACH, FL.		City & State: ORMOND BEACH, FL.	
Zip: 32174	Country: VOLUSIA	Zip: 32174	Country: VOLUSIA

4. FEI Number: 26-1109866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, JAMES R 322 SILVER BEACH AVENUE DAYTONA BEACH FL 32118	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACINTYRE, RODERICK M III 100 PLEASANT VALLEY DRIVE DAYTONA BEACH FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100143345921 02/11/09--01005--007 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGLETT, MICHAEL O 2298 OLD SAMSULA ROAD PORT ORANGE FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2/4
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] MICHAEL INGLETT 1/20/09 (386) 677-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #