

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90123 004 \*\*\*138.75

|                                                                                                                                                                                                                               |                                                                                                    |         |                                                                       |                                                                                                                       |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000099321</b><br>1. Entity Name<br><b>ALLIGATOR ALLEY COMMERCE, LLC</b>                                                                                                                                      |                                                                                                    |         |                                                                       |                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>158 SAN RAFAEL LANE<br/>NAPLES, FL 34119 US</b>                                                                                                                                             |                                                                                                    |         | Mailing Address<br><b>158 SAN RAFAEL LANE<br/>NAPLES, FL 34119 US</b> |                                                                                                                       |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                                                                                                    |         | 3. Mailing Address                                                    |                                                                                                                       |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                                                    |         | Suite, Apt. #, etc.                                                   |                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                  |                                                                                                    |         | City & State                                                          |                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                           |                                                                                                    | Country |                                                                       | Zip                                                                                                                   |                                                                   |
| Country                                                                                                                                                                                                                       |                                                                                                    | Country |                                                                       | 4. FEI Number<br><b>14-2010055</b>                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                               |                                                                                                    |         |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ZUIDEMA, SANDRA<br/>158 SAN RAFAEL LANE<br/>NAPLES, FL 34119</b>                                                                                                    |                                                                                                    |         |                                                                       | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 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. |                                                                                                    |         |                                                                       | FL Zip Code                                                                                                           |                                                                   |
| SIGNATURE <i>Sandra Zuidema</i><br><small>Signature, typed or printed name of registering agent and title if applicable</small>                                                                                               |                                                                                                    |         |                                                                       | DATE <b>4-20-08</b><br><small>(NOTE: Registered Agent signature required when renewing)</small>                       |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                           |                                                                                                    |         |                                                                       | Make check payable to<br><b>Florida Department of State</b>                                                           |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                  |                                                                                                    |         |                                                                       | 10. ADDITIONS/CHANGES                                                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | MGRM<br>ZUIDEMA, SANDRA<br>158 SAN RAFAEL LANE<br>NAPLES, FL 34119 <input type="checkbox"/> Delete |         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                    |         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                    |         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                    |         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                    |         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                    |         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

*Sandra Zuidema*