2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007121

Entity Name: 2J GATORS, LLC

City-St-Zip:

ORMOND BEACH, FL 32174 US

FILED Aug 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2608 NIGHT RAINS DRIVE LUTZ, FL 33559 **Current Mailing Address: New Mailing Address:** 2608 NIGHT RAINS DRIVE LUTZ, FL 33559 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUTNAM, ABEL A 500 SOUTH FLORIDA AVENUE SUITE 300 LAKELAND, FL 33801 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SAXENA, JAYANT Name: Name: Address: 2608 NIGHT RAINS DRIVE Address: City-St-Zip: LUTZ, FL 33559 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SAXENA, ANUPAM Name: Address: 2165 EMERALD RIDGE DRIVE Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILLIAMS, JAY Name: Name: 111 EMERALD OAKS LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: JAY SAXENA MGM 08/05/2009