

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034819

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GATOR ZONE TRUST LLC

**Current Principal Place of Business:**

636 NW 45 AVE.  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

636 NW 45 AVE.  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BILU, RON S  
2700 W. ATLANTIC BLVD., S TE. 204  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

BILU & BILU LLC  
2700 W. ATLANTIC BLVD., STE. 204  
POMPANO BEACH, FL 33069 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: RON BILU

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BILU, RON S TRUSTEE  
Address: 2700 W. ATLANTIC BLVD., STE. 204  
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby 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: RON BILU, TRUSTEE

MGRM

04/29/2011

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