## FILE NOW: Fee after May 1, will be \$588.75

/	D LIABILIT ANNUAL R 199	REPORT 7			DIVISIO	ndra B. Secretary DN OF CO	Morth of State ORPOR	e ATIONS		MAY -5 A	M II : 57			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supp \$ 203.75 Make Check Payable To: FLORIDA DEPARTA							ENT OF	STATE	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
GATOR BAY HARBOR I, L.C. 2250 NORTHEAST 163RD ST. SUITE 6 NORTH MIAMI FL 33160									1s. Principal Place of Business Address  2250 NORTHEAST 163RD ST. SUITE 6 NORTH MIAMI FL 33160					
	mailing address is oal Place of Bus		way, line thro		ct Information		correction	in Block 2s.	3. Date Organized or Qualified 3s. State of Formation					
Suite, Apt	. #, etc.			Suite, A	pt. #, etc.				1/10/1992 FL 4. FEI Number Applied Fo				or	
City & State				City & S	State		<del></del>		55-04214	\ <u></u>				
Ζιρ		Country	<del></del>	Zip		Co	ountry		5. Date of Las	•	6. Certificate 58 /s Addition.			
	7. Name	and Address	of Current	l Registered	d Agent		7		02/26/19 8. Name and Ad		egistered Agen	reletered Agent		
MISKA, DOUGLAS S 2250 N.E. 163 ST. #6 NORTH MIAMI BEACH FL 33160  9. Pursuant to the provisions of Sections 608.416 and 608.508, its registered office or registered agent, or both, in the State of Florid as registered agent, and accept the obligations.					8, Florida S orida. Such	Statutes, th change wa	Su Cit	ite, Apt. #, etc	Zip Code  FL  Titled liability company submits this statement for the purport				nging tment	
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reins								red when reinstatir	DATE					
10. Title Managing Members/Managers					Business Street Address				City, State and Zip Code					
4	DOHLE,	MARIA			ALTE ALTE 2250	HEER	STR.	•		SANKT A SANKT A N. MIAM 1003. ****20	ugustin I BEACH	1 GEF FL 3 <sup>E2</sup> 006	м -З	
											a.a.g	2/97	t	

11. I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the Information indicated in this annual 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 ampowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SI	GI	u	Δ.	TI	ı	R	F	•

Douglas S. Miska

4-28-97

305-949-9049

SIGNATURE AND TYPED OR FRINTED

SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #