


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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>THE GATOR GROUP, L.C. 5353 W. ATLANTIC AVE. #403-404 DELRAY BEACH FL 33484-8166</b>	<b>DOCUMENT #L94000000486</b>
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1a. Principal Place of Business Address  <b>5353 W. ATLANTIC AVE. #403-404 DELRAY BEACH FL 33484</b>
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified <b>09/20/1994</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>65-0552363</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>05/01/1996</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  <b>BAUMEL, SUSAN K ESQ. 1200 N. FEDERAL HWY. SUITE 411 BOCA RATON FL 33432</b>	8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>688002238896-4</b> Suite, Apt. #, etc. <b>-07/16/97-01099-001</b> City <b>FL</b> Zip Code <b>33484-8166</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HUMES, WAYNE J	5353 W. ATLANTIC AVE., #40	DELRAY BEACH FL
MEM	AUSTIN, PETER J	5353 W. ATLANTIC AVE., 40	DELRAY BEACH FL
MEM	SHERBON, GERALD	5353 W. ATLANTIC AVE., 40	DELRAY BEACH FL
MEM	SEEL, GREGORY	5353 W. ATLANTIC AVE., 40	DELRAY BEACH FL
MEM	HAYNES, J. NATHAN	5353 W. ATLANTIC AVE., 40	DELRAY BEACH FL

*A. Alan*  
7/14/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 empowered 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.

SIGNATURE: *Peter J Austin* **PETER J AUSTIN** 7/9/97 541-496-7250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #