


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

APPROVED
AND
FILED

97 FEB -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		97 FEB -3 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company GATORWOOD, L.C. 412 NE 16TH AVE. GAINESVILLE FL 32601		DOCUMENT # L95000000228			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 03/21/1995 4. FEI Number 59-3304444 5. Date of Last Report 02/28/1996	
7. Name and Address of Current Registered Agent LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE FL 32601		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired 58.75 Additional Fee Required <input type="checkbox"/>			
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		300002080723--3 02/06/97 01122 015 Zip Code ***203.75 *****203.75 FL			
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LEE, DENNIS G	412 NE 16TH AVE.		GAINESVILLE FL	
MGRM	MILLER, JANET L	412 NE 16TH AVE.		GAINESVILLE FL	
MGRM	LEE, EMILY G	412 NE 16TH AVE.		GAINESVILLE FL	
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:		Dennis Lee		352 1-23-97 334-1974	