

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90193 030 \*\*\*\*50.00

**DOCUMENT # L95000000228**

1. Entity Name  
GATORWOOD, L.C.



Principal Place of Business  
412 NE 16TH AVE.  
GAINESVILLE, FL 32601

Mailing Address  
412 NE 16TH AVE.  
GAINESVILLE, FL 32601

24011541

2. Principal Place of Business  
4127 NW 27th Ln.

3. Mailing Address  
PO Box 357845

Suite, Apt. #, etc.  
Suite A

Suite, Apt. #, etc.

City & State  
Gainesville FL

City & State  
Gainesville FL

Zip  
32606

Country  
USA

Zip  
32635

Country  
USA

01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
59-3304444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LEE, DENNIS G  
412 NE 16TH AVE.  
GAINESVILLE, FL 32601

## 7. Name and Address of New Registered Agent

Name  
Dennis G. Lee  
Street Address (P.O. Box Number is Not Acceptable)

4127 NW 27th Ln, Suite A  
City Gainesville FL Zip Code 32606

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dennis G. Lee* Dennis G. Lee 1/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LEE, DENNIS G  
STREET ADDRESS 412 NE 16TH AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32601 ☐ Delete

TITLE MGRM  
NAME MILLER, JANET L  
STREET ADDRESS 412 NE 16TH AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32601 ☐ Delete

TITLE MGRM  
NAME LEE, EMILY G  
STREET ADDRESS 412 NE 16TH AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Dennis G. Lee  
STREET ADDRESS 4127 NW 27th Ln, Suite A  
CITY-ST-ZIP Gainesville FL 32606 ☒ Change ☐ Addition

TITLE MGRM  
NAME Janet L. McDonald  
STREET ADDRESS 4127 NW 27th Ln, Suite A  
CITY-ST-ZIP Gainesville FL 32606 ☒ Change ☐ Addition

TITLE MGRM  
NAME Emily G. Lee  
STREET ADDRESS 4127 NW 27th Ln, Suite A  
CITY-ST-ZIP Gainesville FL 32606 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dennis G. Lee* Dennis G. Lee 1/29/04 352-334-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #