2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# M03000001716

Entity Name: GATOR PEARSON, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801

Current Mailing Address:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Mailing Address:

450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801

FEI Number: 14-1879391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CNLRS EQUITY VENTURE, S, INC.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete
Name: PEARSON-MONTGOMERY,, L.L.C.
Address: 123 PARK AVENUE
City-St-Zip: W. SPRINGFIELD, MA 01090

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CNLRS EQUITY VENTURE, S, INC.
Address: 450 S. ORANGE AVENUE, STE 900
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN B. HABICHT DVPT 04/20/2005

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