

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006776

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** GATOR DOCK & MARINE LLC

**Current Principal Place of Business:**

2880 MELLONVILLE AVENUE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

4501 CIRCLE 75 PARKWAY  
SUITE E-5370  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 20-3757059

**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/MANAGERS:**

**Title:** MGRM  
**Name:** IRVINE, JOHN  
**Address:** 4501 CIRCLE 75 PARKWAY, SUITE E-5370  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** MGRM  
**Name:** FORTENER, RANDOLPH  
**Address:** 2141 FAIRWOOD AVENUE  
**City-St-Zip:** COLUMBUS, OH 43277

**Title:** MGRM  
**Name:** CRANE, MICHAEL S  
**Address:** 2141 FAIRWOOD AVENUE  
**City-St-Zip:** COLUMBUS, OH 43277

**Title:** MGRM  
**Name:** FLEISCHMAN, JON  
**Address:** 2880 MELLONVILLE AVENUE  
**City-St-Zip:** SANFORD, FL 32773

**Title:** MGRM  
**Name:** YEOCOCK, JOHN  
**Address:** 4501 CIRCLE 75 PARKWAY, SUITE E-5370  
**City-St-Zip:** ATLANTA, GA 30339

I hereby 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: JOHN IRVINE

MGRM

03/31/2011

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