

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 29 PM 4:14

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M98000001010
GATOR MANAGEMENT SERVICES, LIMITED LIABILITY COMPANY
996 UNITED CIRCLE
SPARKS NV 89432

1a. Principal Place of Business Address

996 UNITED CIRCLE
SPARKS NV 89432

2. Principal Place of Business

8810 BOGGY CREEK

Suite, Apt. #, etc.

200

City & State

ORLANDO FL.

Zip

32824

Country

USA

2a. Mailing Address

P.O. BOX 20684

Suite, Apt. #, etc.

City & State

RENO NV

Zip

89515-0684

Country

USA

3. Date Organized or Qualified

09/14/1998

3a. State of Formation

NV

4. FEI Number

91-1904596

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

GODFREY, BIFF ESQ
250 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

89515

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 reappointing)

DATE

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | ZIARNOWSKI, DAVID | P.O. BOX 20684 | RENO NV |
| MGRM | NELSON, FRANS | P.O. BOX 20684 | RENO NV |

000002868460--3
-05/07/99--01153--001
****188.75 ****188.75

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:

MEMBER/MANAGER

2/22/99 775-352-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #