2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) \

May 12, 2006 8:00 am Secretary of State **DOCUMENT # P03000117949** 1. Entity Name 04-24-2006 90458 048 ***150.00 GATOR PROPERTY MANAGEMENT OF TAMPA BAY, INC. Principal Place of Business Mailing Address 3837 SWANS LANDING DRIVE LAND O LAKES FL 34639 3837 SWANS LANDING DRIVE LAND O LAKES FL 34639 UUU ----2. Principal Place of Business 3. Mailing Address PASCO AUNTI FL 3537 Suns Lardice pr Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) City & State City & State Applied For AP-PLIED FOR LAND OMKES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22550 LAURELDALE DRIVE **LUTZ FL 33549** City Zip Code FL 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 . Signature, typed or printed harne of registered agent and life if applicable (NOTE: Registered Agent signature required when (ciristating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ĦΠξ ☐ Delete TITLE ☐ Change ■ Addition SEARS, JAMES NAME NAME STREET ADDRESS 22550 LAURELDALE DRIVE STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Inte Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-AP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAF ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP THE ☐ Delete FIFLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute filts report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all pure like experience. SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytane Phone # Date

FILED