

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *LR*  
*4/28*  
**98 APR 27 PM 1:54**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 #** Z00154

GATOR DELRAY, L.C.  
2250 NE 163RD ST  
SUITE 6  
N MIAMI BEACH FL 33160

1a. Principal Place of Business Address

2250 NE 163RD ST  
SUITE 6  
N MIAMI BEACH FL 33160

2. Principal Place of Business  
1595 NE 163RD STREET

2a. Mailing Address  
1595 NE 163RD STREET

3. Date Organized or Qualified

3a. State of Formation

12/14/1989

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0161029

☐ Applied For

☐ Not Applicable

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

Zip Country  
33162 USA

Zip Country  
33162 USA

5. Date of Last Report

05/01/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

GOLDSMITH JAMES A.,  
2250 N.E. 163 STREET  
N MIAMI BEACH FL 33160

Name

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

1595 NE 163RD STREET

Suite, Apt. #, etc.

000002506840--4

-04/30/98--01081--014

City

\*\*\*\*188.75 \*\*\*\*188.75

FL

33162

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 reinstating)

DATE 4-1-98

10. Title	Managing Member/Managers	Business Street Address	City, State and Zip Code
M	GOLDSMITH, JAMES A.	2250 NE 163RD ST STE-6 1595	N MIAMI BEACH FL
M	GOLDSMITH, WILLIAM I.	2250 NE 163RD ST STE-6 1595	N MIAMI BEACH FL

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:

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

4-1-98

(305)

949-9049

Date

Daytime Phone #