2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# Z00154

Entity Name: GATOR DELRAY, L.C.

Current Principal Place of Business:

1595 NE 163RD ST
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1595 NE 163RD ST
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0161029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSMITH JAMES A.
1595 NE 163RD STREET
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GOLDSMITH, JAMES A
1595 NE 163RD STREET
N MIAMI BEACH, FL 33162 US

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: JAMES A. GOLDSMITH 04/27/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: M ( ) Delete
Name: GOLDSMITH, JAMES A.,
Address: 1595 NE 163RD ST
City-St-Zip: N MIAMI BEACH, FL

Title: M ( ) Delete
Name: GOLDSMITH, WILLIAM I, .
Address: 1595 NE 163RD ST
City-St-Zip: N MIAMI BEACH, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOLDSMITH, JAMES A.,
Address: 1595 NE 163RD ST
City-St-Zip: N MIAMI BEACH, FL

Title: MGR (X) Change ( ) Addition
Name: GOLDSMITH, WILLIAM I, .
Address: 1595 NE 163RD ST
City-St-Zip: N MIAMI BEACH, FL

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: JAMES A. GOLDSMITH MGR 04/27/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date