FILE NOW: Fee after May 1, will be $263.75

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95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

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

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT #Z00366

1 Name and Mailing Address of Limited Liability Company

GATOR 175TH STREET, L.C.
2250 NE 163RD ST.
SUITE 6
N. MIAMI BCH. FL 33160

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address

2250 NE 163RD ST.
SUITE 6
N. MIAMI BCH. FL 33160

2 Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 03/28/1991

3a. State of Formation: FL

4. FEI Number: 65-0279015 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 04/29/1994

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

GOLDSMITH, JAMES A.
2250 NE 163RD ST.
SUITE 6
N. MIAMI BCH. FL 33160

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City: FL | Zip Code

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.

X SIGNATURE _____ DATE 4-6-95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	GOLDSMITH, JAMES A.	2250 NE 163RD ST., S-6	N MIAMI BCH. FL
M	GOLDSMITH, WILLIAM	2250 NE 163RD ST., S-6	N MIAMI BCH. FL
M	MISKA, DOUGLAS	2250 NE 163RD ST., S-6	N MIAMI BCH. FL

5/1/95 MSH

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****238.75 ****238.75

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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 I have an attachment with an address.

X SIGNATURE: _____ 4-6-95 (305) 949-9049
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGER(S) MEMBER OR MANAGER Date Daytime Phone #

INITSE10 R(12-94)