

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048989

FILED
May 03, 2007
Secretary of State

Entity Name: GIB-GALLOWAY PROPERTY, LLC

Current Principal Place of Business:

5516 US 98 NORTH
LAKELAND, FL 32809

New Principal Place of Business:

Current Mailing Address:

4265 US 98 NORTH, SUITE 566
LAKELAND, FL 33809

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETRONE, PETER
Address: 4265 US 98 N SUITE 566
City-St-Zip: LAKELAND, FL 33809 US

Title: MGR () Delete
Name: PETRONE, GLORIA
Address: 4265 US 98 N SUITE 566
City-St-Zip: LAKELAND, FL 33809 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETRONE, GLORIA G
Address: 4265 US 98 N SUITE 566
City-St-Zip: LAKELAND, FL 33809 US

Title: MGR (X) Change () Addition
Name: PETRONE, GLORIA G
Address: 4265 US 98 N SUITE 566
City-St-Zip: LAKELAND, FL 33809 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GLORIA PETRONE

MGR

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date