

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020597

FILED  
May 07, 2007  
Secretary of State

**Entity Name:** THE GALLERY, LLC

**Current Principal Place of Business:**

6410 GRIFFIN BLVD.  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

6410 GRIFFIN BLVD.  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 76-0734388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

**Name and Address of New Registered Agent:**

MCKINLAY, KATHLEEN M  
6410 GRIFFIN BLVD.  
FORT MYERS, FL 33908      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCKINLAY, KATHLEEN M  
Address: 6410 GRIFFIN BLVD  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR      ( ) Delete  
Name: CUNNINGHAM, CAROLINE W  
Address: 11320 LONGWATER CHASE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHLEEN M. MCKINLAY

MGR

05/07/2007

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