

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009999

Entity Name: GALLERIA FARMS, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1500 NW 95TH AVE.
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1500 NW 95TH AVE.
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1038060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, LUIS C
1500 NW 95TH AVE.
MIAMI, FL 33172 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: MGRM () Delete
Name: VALENCIA, GERMAN
Address: 9635 SW 99 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: PINCUS, ALAN
Address: 11261 SW 128 PLACE
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: GOLD, NEIL
Address: 15284 SW 33 STREET
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: STEINER, JEFFREY
Address: 12829 SW 103 PLACE
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: RUNAWAY VICTORY CORP.
Address: 1500 NW 95TH AVENUE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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

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

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: LUIS CAMILO FERNANDEZ

MG

04/15/2009

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