

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90142 045 ****50.00

DOCUMENT # L00000013431

1. Entity Name

GALLERIA PROPERTIES, L.L.C.



Principal Place of Business

**878 109TH AVENUE N.
NAPLES FL 34108**

Mailing Address

**878 109TH AVENUE N.
NAPLES FL 34108**

2. Principal Place of Business

16979 Old Rt. 41

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Florida

Zip

34110

Zip

34110

Country

4. FEI Number

58-2600813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDEN, CHRISTIAN B ESQUIRE
3838 TAMiami TRAIL NORTH, SUITE 416
NAPLES FL 34103**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MENCINI, FRANK
5645 WHISPERWOOD #504
NAPLES FL 34110

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

R
GOLDIE, JAMES M
264 BAREFOOT BEACH
BONITA SPRINGS FL 34134

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Frank Mencini

2/12/04