

FILED  
Apr 03, 2003 8:00 am  
Secretary of State

03-12-2003 90014 004 \*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000013431

1. Entity Name

GALLERIA PROPERTIES, L.L.C.



55022063

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

NAPLES, FL.

3. Mailing Address

878 109TH AVE - N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

4. FEI Number

58-2600813

Applied For

Not Applicable

Zip

34108

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Same

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Frank Mancini

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

3-6-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Frank Mancini - PARTIAL  
5645 Whisperwood #504  
NAPLES, FL. 34110

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
James M. Goldie Realtor  
264 Barefoot Beach  
BONITA SPRING FL 34134

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

PARTIAL - MANAGING PARTIAL

**DO NOT WRITE  
IN THIS SPACE**

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: x

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

Date

3/10/03

Daytime Phone #

CR2E083B (12/02)