

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90031 040 ****50.00

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1. Entity Name
EMUSEUMS, LLC

Principal Place of Business
1725 CLEARWATER/LARGO RD S
CLEARWATER, FL 33756 US

Mailing Address
P. O BOX 8
CLEARWATER, FL 33757 US

20050211



2. Principal Place of Business
28 W- PARK AVE
Suite, Apt. #, etc.

3. Mailing Address
P O BOX 186
Suite, Apt. #, etc.

04212005 Chg-LLC CR2E083 (10/03)

City & State
LAKE WALES, FL
Zip 33853 Country US

City & State
LAKE WALES, FL
Zip 33859 Country US

4. FEI Number
43-1965075
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALT INTERNATIONAL, INC.
1725 CLEARWATER/LARGO RD. S.
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
28 W PARK AVE
City LAKE WALES FL Zip Code 33853

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GALT INTERNATIONAL, INC. ☐ Delete
STREET ADDRESS 1725 CLEARWATER/LARGO RD S.
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 28 W. PARK AVE
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

GALT INTERNATIONAL, INC.

SIGNATURE: *[Signature]* PRESIDENT

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

4-23-05

Date

727-581-8685

Daytime Phone #