2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L02000015718** 1. Entity Name 04-27-2006 90021 031 ****50.00 EMUSEUMS, LLC Principal Place of Business Mailing Address 28 WPARKAVE P.O BOX 186 LAKEWALES, FL. 33859 LAKEWALES FL 33853 US æ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E083 (11/05) Chg-LLC 4. FEI Number City & State City & State Applied For 43-1965075 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALT INTERNATIONAL, INC. Street Address (P.O. Box Number is Not Acceptable) 28 W PARK AVE LAKE WALES, FL 33853 City 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 1' MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. **MGRM** TITLE Delete Change ☐ Addition NAME GALT INTERNATIONAL, INC. NAME STREET ADDRESS 28 W PARK AVE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-71P ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITI F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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

FILED