# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Feb 04, 2004 8:00 am**
**Secretary of State**
02-04-2004 90230 012 ****50.00

DOCUMENT # L02000021155

1. Entity Name

GALBREATH INVESTMENTS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4009 HALIFAX DRIVE<br>PORT ORANGE FL 32127 | 4009 HALIFAX DRIVE<br>PORT ORANGE FL 32127 |

24006439

MOORE CR2E083 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 824 Pheasant Run Ct. W | 824 Pheasant Run Ct W |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Port Orange, FL | City & State: Port Orange, FL |
| Zip: 32127 Country: USA | Zip: 32127 Country: USA |

4. FEI Number 68-0518138 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

OLIVARI, MICHAEL P ESQ
141 SAGE BRUSH TRAIL, STE. D
ORMOND BEACH FL 32174

**7. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | MGRM<br>GALBREATH, EVANS S<br>21951 TARRAGONA WAY<br>ASTOR FL 32102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GALBREATH, PAUL S<br>6030 WHISPERING TREES LANE<br>PORT ORANGE FL 32124 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GALBREATTH, BRENDAN<br>824 PHEASANT RUN COURT WEST<br>PORT ORANGE FL 32127 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** Brendan Galbreath 1-27-04 386-767-4768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #