2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** DOCUMENT # L02000021155 Feb 04, 2005 08:00 AM 1. Entity Name Secretary of State GALBREATH INVESTMENTS, LLC Principal Place of Business Mailing Address 824 PHEASANT RUN CT W PORT ORANGE FL 32127 824 PHEASANT RUN CT W PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number Applied For City & State 68-0518138 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLIVARI, MICHAEL P ESQ Street Address (P.O. Box Number is Not Acceptable) 141 SAGE BRUSH TRAIL, STE. D ORMOND BEACH FL 32174 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 legistered agent and title if applicable (NOTE Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change ☐ Addition TITLE HILE MGRM Delete NAME NAME GALBREATH, EVANS S STREET ADDRESS STREET ADDRESS 21951 TARRAGONA WAY CLTY ST-ZIP CITY-ST-ZIP ASTOR FL 32102 MGRM Delete TITLE ☐ Change Addition Addition TITLE U00000215275 NAME GALBREATH, PAUL S NAME 02/05/05-80003-001 50.00 STREET ADDRESS STREET ADDRESS 6030 WHISPERING TREES LANE CHY ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32124 TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME GALBREATTH, BRENDAN NAME STREET ADDRESS STREET ADDRESS 824 PHEASANT RUN COURT WEST CITY-ST-ZIP CITY-ST-7IP PORT ORANGE FL 32127 Addition TITLE Change Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 11111 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP ☐ Delete THTLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE