

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002848

Entity Name: GALLOWAY OFFICE LLC

FILED
Mar 22, 2005
Secretary of State

Current Principal Place of Business:

8842 SW 16 ST.
MIAMI, FL 33165

New Principal Place of Business:

935 SW 87 AVE.
935
MIAMI, FL 33174

Current Mailing Address:

8842 SW 16 ST.
MIAMI, FL 33165

New Mailing Address:

935 SW 87 AVE.
MIAMI, FL 33174

FEI Number: 33-1047664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, DOMINGO
8842 SW 16 ST.
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

HERNANDEZ, DOMINGO
935 SW 87 AVE..
MIAMI, FL 33174 US

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.

SIGNATURE: DOMINGO HERNANDEZ

03/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HERNANDEZ, DOMINGO J PRES.
Address: 8842 SW 16 ST
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: LAFUENTE, AMAYA M VICE-P
Address: 8842 SW 16 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, DOMINGO J PRES.
Address: 935 SW 87 AVE.
City-St-Zip: MIAMI, FL 33174

Title: MGRM (X) Change () Addition
Name: LAFUENTE, AMAYA M VICE-P
Address: 935 SW 87 AVE
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOMINGO HERNANDEZ

PRES

03/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date