


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000010490</b> <small>1. Entity Name</small> <b>GALLOWAY OFFICE CONDO LC</b>		
<small>Principal Place of Business</small> <b>7765 SW 87 AVENUE, SUITE 105 MIAMI FL 33173</b>		<small>Mailing Address</small> <b>7765 SW 87 AVENUE, SUITE 105 MIAMI FL 33173</b>
<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt #, etc.</small>	<small>Suite, Apt #, etc.</small>	
<small>City &amp; State</small>	<small>City &amp; State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>HERNANDEZ, AMY B 7765 SW 87 AVENUE, SUITE 105 MIAMI FL 33173</b>		<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>City</small> <b>FL</b> <small>Zip Code</small>



1st MOORE      CR2E083 (10/05)

4. FEI Number      **04-3749017**       Applied For  
Not Applied

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

000000489788  
 04/18/06-80028-008 150.00

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>MGRM</b> <b>HERNANDEZ, AMY B</b> <b>7765-SW 87 AVE. STE 105</b> <b>MIAMI FL 33173</b>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: *Amy B. Hernandez*      *Amy Hernandez*      3/17/06      305-274-0801