2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILEU DOCUMENT # L03000017466 2004 OCT 11 PM 4: 39 GALILEE GARDENS, L.L.C. DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1428 BRICKELL AVENUE, PH 1428 BRICKELL AVENUE, PH MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 Chg-LLC CR2E083 (10/03) City & State City & State 4 FFI Number Applied For Not Applicable 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 MANASTER, JOSHUA D ESQ Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE, PH MIAMI, FL 33131 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 (NQTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MANAGER TITLE ☐ Change ☐ Addition TITLE ☐ Delete MANGRED RETHTSCHAFFEN NAME 5055 COLLING AVE MIDMI GENCH, FL. 33140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANAGER ☐ Delete TITLE ☐ Change Addition TITLE NAME JENOME DEVISCH NAME 105 0LD COONÉR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF BEDGOOD, N.Y. 10506 CITY-ST-ZIP Defete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelele TITLE ☐ Change ☐ Addition TITLE 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 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. JRE: AND ALLIACY, MALGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ANTHORIZED REPRESENTATIVE SIGNATURE: