2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2004
Secretary of State

DOCUMENT# L03000021187

Entity Name: GALLOP DR., LLC

Current Principal Place of Business:

1897 GALLOP DRIVE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

11 PERRIWINKLE DR
SEWALL'S POINT, FL 34996

Current Mailing Address:

1897 GALLOP DRIVE
LOXAHATCHEE, FL 33470

New Mailing Address:

11 PERRIWINKLE DR
SEWALL'S POINT, FL 34996

FEI Number: 58-2673568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BINNICKER, WILLIAM
1897 GALLOP DRIVE
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BINNICKER, WILLIAM
Address: 1897 GALLOP DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BINNICKER, WILLIAM
Address: 11 PERRIWINKLE DR
City-St-Zip: SEWALL'S POINT, FL 34996

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: WILLIAM BINNICKER MGR 03/07/2004

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