

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90051 032 \*\*\*\*50.00

**DOCUMENT # L03000022123**

1. Entity Name  
**GALLEON BAY LANDINGS, LLC**



Principal Place of Business  
**71 EAST CHURCH ST.  
 ORLANDO, FL 32801**

Mailing Address  
**71 EAST CHURCH ST.  
 ORLANDO, FL 32801**

**24054319**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 770609**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-LLC CR2E083 (10/03)

City & State

City & State

**WINTER GARDEN, FL**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

**34777-0609**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATT, JAMES R ESQ.  
 369 N. NEW YORK AVE., 3RD FLOOR  
 WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM ROHLAND A JUNE, II** ☐ Change ☒ Addition  
**P.O. Box 770609**  
**WINTER GARDEN, FL 34777-0609**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM ROBERT W. HOLSTON, JR** ☐ Change ☒ Addition  
**P.O. Box 770609**  
**WINTER GARDEN, FL 34777-0609**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

**ROHLAND A. JUNE II**

**4-12-04**

**407-839-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #