## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000029103

1. Entity Name

GALANT OF FLORIDA, LLC



Principal Place of Business

2600 DOUGLAS RD, PENTHOUSE 6 CORAL GABLES, FL 33134

Mailing Address

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

2600 DOUGLAS RD, PENTHOUSE 6 CORAL GABLES, FL 33134

FILED
May 18, 2007 08:00 A
Secretary of State



05152007 No Chg-LLC

CR2E083 (11/05)

4,	FEI Number	
	80-0072426	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PADIAL, JOSE 1 2600 DOUGLAS RD, PENTHOUSE 6 CORAL GABLES, FL 33134

limited liability company

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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			
Fil Due t	ing Fee is \$50.00 y September 14, 2007		U00000765037 05/31/07-80023-014 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGR TINOCO, RICARDO 2600 DOUGLAS RD PH6 CORAL GABLES, FL 33134					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Na .				
TITLE NAME STREET ADORESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby	certify that the information supplied with this filing does not	qualify for the exemptions contained in Chapter 1	19. Florida Statutes. I further certify that the information			

is report as required by Chapter 608, Florida Statutes.

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