


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

04-30-2004 90074 008 ****50.00
07-23-2004 90067 026 ****50.00

DOCUMENT # L03000032545 1. Entity Name GALENA PROPERTIES, LLC					
Principal Place of Business 1713 LONG STREET CLEARWATER, FL 33755			Mailing Address 1713 LONG STREET CLEARWATER, FL 33755		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07202004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0186757				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, JAMES E.H. 1713 LONG STREET CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name TONI BRAY Street Address (P.O. Box Number is Not Acceptable) 1603 BONAIR ST. City CLEARWATER FL Zip Code 33755		
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 <u><i>Toni Bray</i></u> TONI BRAY <u>7/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN, JAMES E.H. 1713 LONG STREET CLEARWATER, FL 33755	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Toni Bray</i></u> <u>7/20/04</u> <u>727-467-9413</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		