

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90184 037 ****50.00

DOCUMENT # L03000043408

1. Entity Name
GALLOWAY PROPERTIES, LLC



Principal Place of Business
240 SE 17TH ST.
OCALA, FL 34471

Mailing Address
240 SE 17TH ST.
OCALA, FL 34471

24024003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

73-1685054

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALLOWAY, MARTIN N
240 SE 17TH ST.
OCALA, FL 34471

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
					Manager	Martin N. Galloway	240 SE 17th Street	Ocala, FL 34471		<input checked="" type="checkbox"/>
					Manager	Barbara L. Galloway	240 SE 17th Street	Ocala, FL 34471		<input checked="" type="checkbox"/>
									<input type="checkbox"/> Change	<input type="checkbox"/> Add
									<input type="checkbox"/> Change	<input type="checkbox"/> Add
									<input type="checkbox"/> Change	<input type="checkbox"/> Add
									<input type="checkbox"/> Change	<input type="checkbox"/> Add
									<input type="checkbox"/> Change	<input type="checkbox"/> Add

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 60B, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

3/17/04 352-620-0662