

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 16, 2005 08:00 AM  
Secretary of State**

**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**



04122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**73-1685054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**4/14/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. **MANAGING MEMBERS/MANAGERS**

|                |                     |
|----------------|---------------------|
| TITLE          | MGR                 |
| NAME           | GALLOWAY, MARTIN N  |
| STREET ADDRESS | 240 SE 17TH STREET  |
| CITY-ST-ZIP    | OCALA, FL 34471     |
| TITLE          | MGR                 |
| NAME           | GALLOWAY, BARBARA L |
| STREET ADDRESS | 240 SE 17TH STREET  |
| CITY-ST-ZIP    | OCALA, FL 34471     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

UN00000310250  
04/16/05-R00070-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

Daytime Phone #

**4/14/05**