


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90014 017 \*\*\*\*\*55.00

<b>DOCUMENT # L03000043408</b>	
1. Entity Name <b>GALLOWAY PROPERTIES, LLC</b>	

Principal Place of Business <b>240 SE 17TH ST. OCALA, FL 34471</b>	Mailing Address <b>240 SE 17TH ST. OCALA, FL 34471</b>
---	---

New Address → 2. Principal Place of Business <b>1107 E. Silver Springs Blvd.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>Suite 5</b>		Suite, Apt. #, etc.	
City & State <b>Ocala, FL</b>		City & State	
Zip <b>34470</b>	Country <b>Marion</b>	Zip	Country



01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>73-1685054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GALLOWAY, MARTIN N 240 SE 17TH ST. OCALA, FL 34471</b>	7. Name and Address of New Registered Agent Name <b>Galloway, Martin N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1107 E. Silver Springs Blvd.</b> Suite 5 City <b>Ocala</b> FL Zip Code <b>34470</b>
--	---


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, MARTIN N 240 SE 17TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, BARBARA L 240 SE 17TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE</b> 	Date <b>1/17/06</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		