


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L03000043408 1. Entity Name GALLOWAY PROPERTIES, LLC	
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Principal Place of Business 1107 E. SILVER SPRINGS BLVD SUITE 5 OCALA, FL 34470	Mailing Address 240 SE 17TH ST. OCALA, FL 34471
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04272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1685054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GALLOWAY, MARTIN N 1107 E. SILVER SPRINGS BLVD SUITE 5 OCALA, FL 34470
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000751963
05/18/07-80122-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, MARTIN N 240 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOWAY, BARBARA L 240 SE 17TH STREET OCALA, FL 34471
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

4/30/07

Date

352-
X 620-0662

Daytime Phone #