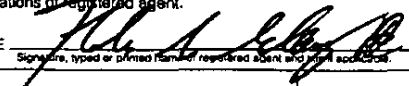
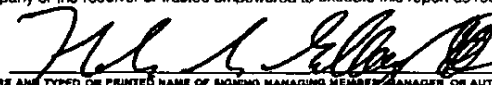


FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90104 013 ***143.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000043408			
1. Entity Name GALLOWAY PROPERTIES, LLC			
Principal Place of Business 1107 E. SILVER SPRINGS BLVD SUITE 5 OCALA, FL 34470		Mailing Address 240 SE 17TH ST. OCALA, FL 34471	
2. Principal Place of Business - No P.O. Box # 240 SE 17TH ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FL.		City & State	
Zip 34471	Country U.S.A.	Zip	Country
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, NOLAN C III 240 SE 17TH STREET OCALA, FL 34470		7. Name and Address of New Registered Agent Name NOLAN C. GALLOWAY III Street Address (P.O. Box Number Not Acceptable) 240 S.E. 17TH ST. City OCALA FL Zip Code 34471	
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  NOLAN C. GALLOWAY III DATE 1/14/08 (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
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 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR NOLAN C. GALLOWAY III 240 SE 17TH ST OCALA, FL 34471 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR GALLOWAY, BARBARA L 240 SE 17TH STREET OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ 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. SIGNATURE:  1/14/08 352-572-9109 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			