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

60011314

01072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1107 E.SILVER SPRINGS BLVD SUITE 5 OCALA, FL 34470	240 SE 17TH ST. OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
240 SE 17TH ST	
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	7. Name and Address of New Registered Agent
GALLOWAY, NOLAN C III 240 SE 17TH STREET OCALA, FL 34470	Name: NOLAN C. GALLOWAY III Street Address (P.O. Box Number is 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: [signature] NOLAN C. GALLOWAY III 1/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: [signature] 1/14/08 352-572-9109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE · Date · Daytime Phone #