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Secretary of State
02-28-2008 90104 013 ***143.75

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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

01072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 240 SE 17TH ST
Suite, Apt. #, etc.
City & State OCALA, FL.
Zip 34471 Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 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 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 resigning) 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	MGR ☒ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	GALLOWAY, MARTIN N	NAME	NOLAN C. GALLOWAY III
STREET ADDRESS	240 SE 17TH STREET	STREET ADDRESS	240 SE 17TH ST
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	OCALA, FL. 34471
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GALLOWAY, BARBARA L	NAME	
STREET ADDRESS	240 SE 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Date Daytime Phone #