
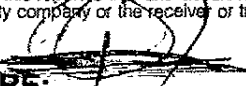


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009207		
1. Entity Name GALOE INVESTMENTS, LLC		
Principal Place of Business C/O GALO ORBEA 45 ANTILLA AVE, #2H CORAL GABLES, FL 33134	Mailing Address C/O GALO ORBEA 45 ANTILLA AVE, #2H CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GALO, ORBEA 45 ANTILLA AVE # 2H CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		02092007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 51-0505514 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VASCO, MODESTO 45 ANTILLA AVE, #25 CORAL GABLES, FL 33134	
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TITLE NAME STREET ADDRESS 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:  GALO ORBEA ORBEA 2/21/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> <small>Daytime Phone #</small>



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