



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90015 003 ****50.00

DOCUMENT # L04000009608 1. Entity Name GUY GALLINA ENTERPRISES, LLC																																																					
Principal Place of Business 1944 HARBOR ISLAND DRIVE ORANGE PARK, FL 32003 US			Mailing Address 1944 HARBOR ISLAND DRIVE ORANGE PARK, FL 32003 US																																																		
2. Principal Place of Business 4915 HARVEY GRANT RD Suite, Apt. #, etc. ORANGE PARK, FLA City & State		3. Mailing Address 4915 HARVEY GRANT RD Suite, Apt. #, etc. ORANGE PARK, FLA City & State																																																			
Zip 32003		Country CLAY		4. FEI Number 65-1240146																																																	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																			
6. Name and Address of Current Registered Agent GALLINA, GUY K 1944 HARBOR ISLAND DRIVE ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name GALLINA, GUY K Street Address (P.O. Box Number is Not Acceptable) 4915 HARVEY GRANT RD City ORANGE PARK FL Zip Code 32003																																																			
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. ADDRESS CHANGE ONLY <i>Guy K Gallina</i> GUY K GALLINA 4/22/05 SIGNATURE _____ DATE _____ <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, 2005		Make check payable to Florida Department of State																																																			
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR GUY K. GALLINA 4915 HARVEY GRANT RD ORANGE PARK, FLA 32003 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUY K. GALLINA 4915 HARVEY GRANT RD ORANGE PARK, FLA 32003	<input type="checkbox"/> Delete																						10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR GUY K. GALLINA 4915 HARVEY GRANT RD ORANGE PARK, FLA 32003 </td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUY K. GALLINA 4915 HARVEY GRANT RD ORANGE PARK, FLA 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Guy K Gallina</i> GUY K. GALLINA 4/22/05 9042150624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																					