


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-28-2005 90040 022 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
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| DOCUMENT # L04000033418 | |  | |
| 1. Entity Name GALLERIA REAL ESTATE SERVICES, L.L.C. | | | |
| Principal Place of Business 2861 34TH STREET SOUTH ST. PETERSBURG, FL 33711 | | Mailing Address 2861 34TH STREET SOUTH ST. PETERSBURG, FL 33711 | |
| 2. Principal Place of Business 6650 Gulf Blvd. | | 3. Mailing Address 6650 Gulf Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State St. Pete Beach, FL | | City & State St. Pete Beach, FL | |
| Zip 33706 | Country USA | Zip 33706 | Country USA |
| 4. FEI Number | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MALLER, KAREN E BANK OF AMERICA TOWER ONE PROGRESS PLAZA, SUITE 1210 ST. PETERSBURG, FL 33701 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 renewing)</small> DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SINN CORPORATION 2861 34TH STREET SOUTH ST. PETERSBURG, FL 33711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FELLERS, SCOTT 2861 34TH STREET SOUTH ST. PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STANKE, CLAUDIA 2861 34TH STREET SOUTH ST. PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: <u>Roswitha Sinn</u> Roswitha Sinn, Director, Sinn Corporation <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | |