2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 01, 2007 8:00 am Secretary of State **DOCUMENT # L04000056295** 02-01-2007 90052 029 ****50.00 GALILEO, LLC. Mailing Address Principal Place of Business 4300 BAYOU BOULEVARD #27 4300 BAYOU BOULEVARD #27 6UU11046 PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-1423654 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS AND SANDFORT ACCOUNTANTS, PA Street Address (P.O. Box Number is Not Acceptable) 1301 W GARDEN ST. PENSACOLA, FL 32501 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **PVDY** TITLE Delete TITLE ☐ Change ☐ Addition CASSON, MARK STREET ADDRESS 4300 BAYOU BOULEVARD #27 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASSON, MARK J NAME NAME STREET ADDRESS 4300 BAYOU BOULEVARD #27 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TIT) F ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED