2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

| Step | DOCUMENT # L04000056861 1. Entity Name GALAXY VENTURES LLC | | | | | | 04-07-2008 | 90226 0 | 46 ***13 | 8.75 |
|---|---|--|---------------------------------|------------------|--|-------------------|---------------|------------|------------|---------------------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1182008 Chg-LLC CR2E083 (12/06) City & State City & State 4, FEI Number 20-1434547 Not Applicate Application Not Applicate State Sta | 5115 JOANN | IE KEARNEY BLVD | P O BOX 5299 | | | | | | | |
| City & State City & State Country Screen Address of Status Desired Street Address of New Registered Agent 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 accident to obligations of registered agent. SiGNATURE FILE NOW!!! FEE IS \$1.38.75 After May 1, 2008 Ree will be \$5.38.75 After May 1, 2008 Ree will be \$5.38.75 MANACINIS MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR . MGR . MANACINIS MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-S1-2P TAMPA, FL 33619 TILE MGR . Charge . Add MME SIRET JORNES CITY-S1-2P TAMPA, FL 33619 TILE MGR . MGR . MGR . MGR . MGR . MGR . Charge . Add MGR . MGR . | 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Zip Country Zip Country S. Countr | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01182008 | Chg-LLC | CR2E08 | 33 (12/06) | |
| EED, JAMES M STITE JOANNE KEARNEY BLVD TAMPA, FL 33619 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of prince name of registered agent, or both, in the State of Florida. I am familiar with, and accidented by the purpose of Plorida Papartment of State FILE NOW!!! -FEE IS \$13.8.75 Make check payable to Florida Department of State Fluctory 1. 2008 Fee will be \$538.75 Florida Department of State ITILE MGR. Delete TILE Delete D | City & Sta | re | City & State | | | | | | <u> </u> | plied For t Applicable |
| REED, JAMES M 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619 City FL Zip Code | Zip | Country Zip Ci | | Countr | У | | | | | |
| 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 accident the obligations of registered agent. SIGNATURE Signature. Typed or prived name of registered agent and bile if applicable. FILE NOW!!! FEE IS \$1.38.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-ST-2P ITILE MGR., MGR., MGR., MGR. TAMPA, FL 33619 TO Delete TITLE MME STREET ADDRESS CITY-ST-2P TAMPA, FL 33619 TO Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TAMPA, FL 33619 TO Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TAMPA, FL 33619 TO Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TO Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TO DELET TO DELE | | 6. Name and Address of Current | - | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence to boligations of registered agent. SIGNATURE Segnature, typed or printed name of registered agent and tide if sophicable. (NOTE: Registered Agent segnature required when rentating) PATE FILE NOW!!! FEE IS \$138.75 After May 1. 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ITILE MARRIS, TRACY J JR STREET ADDRESS CITY-ST-2P TIME MARRIS, TRACY J JR STREET ADDRESS CITY-ST-2P TAMPA, FL 33619 TIME MARE Change Add Add Add AME STREET ADDRESS CITY-ST-2P TIME MARE STREET ADDRESS CITY-ST-2P | 5115 JOANNE KEARNEY BLVD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent agrature required when remarkating) PATE | | | | - | City | · · - | | | Zip Code | |
| SIGNATURE Signature, hyped or priviled name of registered agent and lide if applicable. (NOTE: Registered Agent agreture redurred when remetating) FILE NOW!!! FEE IS \$138.75 | 8. The above | named entity submits this statement for | | ed agent, or bot | h, in the State of Flo | | amiliar with, | and accept | | |
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(813) 435-7777