


AMENDED

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2

DOCUMENT # L04000059410 1. Entity Name GALLERY FRANCHISES INTERNATIONAL LLC	
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05-02-2005 9:00:28 AM **50.00

05 JUN -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 608 DUVAL STREET KEY WEST, FL 33040	Mailing Address 608 DUVAL STREET KEY WEST, FL 33040
2. Principal Place of Business 7648 Lockwood Ridge Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 611 Suite, Apt. #, etc.

03312005 Chg-LLC CR2E083 (10/03)

City & State SARASOTA FL	City & State TALLEHASSEE FL
Zip 34243	Zip 34270

4. FEI Number 20-1913426	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
HOWARD R. Womel Idough JR.
 Street Address (P.O. Box Number is Not Acceptable)
7648 Lockwood Ridge Rd.
 City
SARASOTA FL Zip Code
34243

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  (NOTE: Registered Agent signature required when reinstating) DATE **4/30/05**

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 HILL, RICK 1204 FLORIDA ST. KEY WEST, FL 33040 <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 ARNOTT, MARIA FOOT'S ARTOWRKS, SHOP G11, RAPTIS PLAZA QUEENSLAND 4217 AUSTRALIA. <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 YOUNG, WILLAMAE 2697 SOMERVILLE JACKSONBURG ROAD SOMERVILLE, OH 45064 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Willam Young** DATE **4/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 11, 2005

GALLERY FRANCHISES INTERNATIONAL LLC
P.O. BOX 611
TALLEVAST, FL 34270

SUBJECT: GALLERY FRANCHISES INTERNATIONAL LLC
Ref. Number: L04000059410

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following:

The annual report/uniform business report for this filing year is already on file as of April 26, 2005. See attached printout for verification.

Please complete and sign the enclosed application for refund, and return it to my personal and confidential attention at the address below.

If you have any questions concerning the filing of your document, please call (850) 245-6059./

Michelle Milligan
Document Specialist Supervisor

Letter Number: 505A00033809

*Please file
as amended. per
phone conversation
5/19/05*