


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90026 006 \*\*\*\*50.00

<b>DOCUMENT # L04000077239</b>	
1. Entity Name <b>GALAXY HOLDING LLC</b>	

Principal Place of Business <b>4820 HIGEL AVE. SARASOTA, FL 34242</b>	Mailing Address <b>4820 HIGEL AVE. SARASOTA, FL 34242</b>
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2. Principal Place of Business <b>5810 Highway 92 West</b>	3. Mailing Address <b>7333 Fox Trotting Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PLANT CITY, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>33567</b>	Zip <b>34241</b>
Country <b>USA</b>	Country <b>USA</b>

01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent <b>HOWE, WILLARD 4820 HIGEL AVE. SARASOTA, FL 34242</b>	
7. Name and 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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOWE, WILLARD 4820 HIGEL AVE. SARASOTA, FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOWE, WILLARD 7333 FOX TROTTERING Rd SARASOTA, FL 34241</b> <input checked="" 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:** Willard Howe 4/10/05 941-921-6464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #