2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

DOCUMENT # L05000026866
1. Entity Name
GALT GULCH LLC

Principal Place of Business

Mailing Address

212 S. MAGNOLIA AVE. TAMPA, FL 33606 212 S. MAGNOLIA AVE. TAMPA, FL 33606



DO NOT WRITE IN THIS SPACE

04202007 No Chg-LLC	CR2E083 (11/05)	
L FELNumber	Applied For	

4. FEI Number
20-4680054 Applied For
Not Applicable

5. Certificate of Status Desired Fee Regulfred
Fee Regulfred

6. Name and Address of Current Registered Agent

TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33606

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The above named entity submits this statement for the purpose of changing the obligations of registered agent.	ng its registered office or registered agent, or both	i, in the State of Florida. I am familiar with, and ac	ccept
SIGNATURE 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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TATE, MARK T
STREET ADDRESS	106 MARTINI AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	TATE, JEANNE
STREET ADDRESS	106 MARTINI AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
C:TY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 I hereby o	certify that the information supplied with this filling door not qualify for the pu

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Mark T. Tata

813-254-6677

Daytime Phone #