# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 09, 2007 8:00 am**
**Secretary of State**
04-09-2007 90342 015 ****50.00

DOCUMENT # L05000031705

1. Entity Name
GALACTICA HOLDINGS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 8900 S.W. 117 AVENUE, SUITE 202<br>MIAMI, FL 33186 | 8900 S.W. 117 AVENUE, SUITE 202<br>MIAMI, FL 33186 |

**DO NOT WRITE IN THIS SPACE**

03202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0275265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

**DO NOT WRITE IN THIS SPACE**

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: _____ 3/27/07
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 | MGR |
| NAME | LUMPUY, FRANK |
| STREET ADDRESS | 301 WEST HALLANDALE BEACH BLVD |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 |
| TITLE | MGR |
| NAME | MARTINEZ, JUVENAL E |
| STREET ADDRESS | 8900 S.W. 117 AVENUE, SUITE 202 |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | MGR |
| NAME | OGDEN, GREG |
| STREET ADDRESS | 8900 S.W. 117 AVENUE, SUITE 202 |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing 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:** _____ 3/27/07 (305) 586-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #