GAL Land Investments, LLC.
L05000061534

FILED
Mar 24, 2006 8:00 am
Secretary of State

02-03-2006 90078 019 ****50.00
03-24-2006 90221 032 ****50.00

Principal Place of Business	Mailing Address
900 E OCEAN BLVD STE 210B STUART, FL 34994 US	900 E OCEAN BLVD STE 210B STUART, FL 34994 US

01312006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
900 E. Ocean Blvd	900 E. Ocean Blvd
Suite, Apt. #, etc. Ste 210-B	Suite, Apt. #, etc. Ste 210-B
City & State Stuart, FL	City & State Stuart, FL
Zip 34994 Country	Zip 34994 Country

4. FEI Number 20-3020478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARVIN, WES II 900 E OCEAN BLVD STE 210B STUART, FL 34994	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 ____________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Florida Land Investments 3422 Old Capitol Trail Ste 700 Wilmington, DE 19808-6192 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Wes Harvin II Alice P Feehree 1/31/06 561 689-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #