FILED **2008 LIMITED LIABILITY COMPANY** Mar 20, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L05000061818 GALÉRIE ELYSEES LLC Principal Place of Business Mailing Address 25933 PEBBLECREEK DRIVE 25933 PEBBLECREEK DRIVE **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 03152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3035272 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIVIES, PATRICK DO NOT WRITE 700 E. DANIA BEACH BLVD. **SUITE 202** IN THIS SPACE **DANIA, FL 33004** 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR AZEVEDO, OLIVIER NAME 25933 PEBBLECREEK DRIVE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 000000864723 04/04/08-80026-007 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE: DIVIER AZEVEDO HANAGER 03/15/2008 239-992-338

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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP