2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079194

1. Entity Name
GALLOWAY DEVELOPMENT GROUP, LLC



FILED Jan 16, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173

7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-2054180 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIL, AUGUSTO J 7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstaling)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGER	1S		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIL AT GALLOWAY, INC. 7300 S.W. 93RD AVE., SUITE 210 MIAMI, FL 33173			3.7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMEJO AT GALLOWAY, INC. 75 EAST 44TH STREET HIALEAH, FL 33012			
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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 each; 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:

AND TYPED ON PRINTED NAME OF LIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/12/0

300 598-4002

Davime Phone #