2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State

DOCUMENT # L05000085816 1. Entity Name GALLERY 919, LLC							04-06-2006 90298 0).00	
Principal Place of Business 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134			Mailing Address 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03252006	Chg-LLC CR2E0	83 (11/05)		
City & State			City & State		4. FEI Numi	9-3401548		plied For of Applicable		
Zip		Country	Zip Country		itry	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Nam	e and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name					
PADIAL, J		ROAD PH-6			Street Address	s (P.O. Box Numl	(P.O. Box Number is Not Acceptable)			
CORAL G	ABLES, F	L 33134								
					City		FL	Zip Code	e	
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 priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
Fi D	iling Fee ue by Ma	is \$50.00 by 1, 2006					Make check p Florida Departm	•	6	
9.	1	MANAGING MEMBE		10.			ADDITIONS/CHANGES			
TITLE NAME	MGR FUCCI, C	CHIARA	☐ Delete	TITL				☐ Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP		DOUGLAS ROAD PH-6 GABLES, FL 33134			EET ADDRESS ' '-ST-ZIP					
TITLE	MGR		☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS						
CITY-\$T-ZIP	CORAL	GABLES, FL 33134	<u>_</u>		/-ST-ZIP					
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TITLE			□ Delete	TITL		4 / LJ42	<i>763, 72 3</i>	☐ Change	Addition	
NAME			_ 5333	NAM				_ •		
STREET ADDRESS CITY+ST-ZIP					EET ADDRESS /-ST-ZIP					
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CITY-ST-ZIP				CITY	Y-ST-ZIP					
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STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP	north the c	ha information assessed a sec	this filing does not smalle. G		Y-ST-ZIP	ad in Chapter 11	9 Florida Statutae 1 further certif	v that the lef-	ormation	
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 prustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
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SIGNATURE: MULLI DELLA TYPED OR PRINTED NAME/OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Day/Pro-Phone #										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Dayung Prone #										