


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-06-2006 90298 036 \*\*\*\*50.00

<b>DOCUMENT # L05000092330</b> 1. Entity Name <b>GALLERY 1223, LLC</b>					
Principal Place of Business <b>2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134</b>			Mailing Address <b>2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PADIAL, JOSE I 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR</del> <del>PADIAL, JOSE I</del> <del>2600 S. DOUGLAS ROAD PH-6</del> <del>CORAL GABLES, FL 33134</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIANG FUCCI 2600 S. JONG/95 Rd PH-6 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA DE LOS ANGELES LOPEZ 2600 S. JONG/95 Rd PH-6 Coral Gables, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCESCO ANTENOCCE 2600 S. JONG/95 Rd PH-6 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCESCO ANTENOCCE 2600 S. JONG/95 Rd PH-6 Coral Gables, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCESCO ANTENOCCE 2600 S. JONG/95 Rd PH-6 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 606, Florida Statutes.					
SIGNATURE: <b>X</b> <i>maria Delos Angeles Lopez</i> <b>4/4/06</b> <b>305-443-8010</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					