


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/17/2006-90041-028-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEP 14 AM 10:39

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L05000104330</b><br>1. Entity Name<br>GALAXY CAPITAL ADVISORS LLC  |  |  |  |    |  |
| Principal Place of Business<br>560 HERNDON PARKWAY, SUITE 210<br>HERNDON, VA 20170   |  |  | Mailing Address<br>560 HERNDON PARKWAY, SUITE 210<br>HERNDON, VA 20170 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.            |  | 07122006 Chg-LLC CR2E083 (11/05)  |  |
| City & State   |  | City & State   |  | 4. FEI Number<br>20-5572539   |  |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |  |  |  |   |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006  |  | Make check payable to<br>Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CZEKAJ, ANDREW J<br>560 HERNDON PARKWAY, SUITE 210<br>HERNDON, VA 20170 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input 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 608, Florida Statutes. |  |  |  |   |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | Date 7/14/06 703-709-8866<br><small>Daytime Phone #</small>            |   |  |