

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106245

FILED
Aug 30, 2006
Secretary of State

Entity Name: GALLOWAY FAMILY PROPERTIES, LLC

Current Principal Place of Business:

16870 NORTH POYNER ROAD
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

16870 NORTH POYNER ROAD
POLK CITY, FL 33868

New Mailing Address:

PO BOX 837
POLK CITY, FL 33868

FEI Number: 20-3778613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GALLOWAY, DON L
16870 NORTH POYNER ROAD
POLK CITY, FL 33868 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GALLOWAY, DON L
Address: 16870 NORTH POYNER ROAD
City-St-Zip: POLK CITY, FL 33868

Title: MGRM () Delete
Name: GALLOWAY, JAMES A
Address: 16870 NORTH POYNER ROAD
City-St-Zip: POLK CITY, FL 33868

Title: MGRM () Delete
Name: RUNYON, GWENDOLYN
Address: 16870 NORTH POYNER ROAD
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A GALLOWAY

MGRM

08/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date