2007 LIMITED LIABILITY COMPANY ANNUAL·REPORT

DOCUMENT # L05000117829

1. Entity Name
EAU GALLIE POINT, LLC

Principal Place of Business	Mailing Address
770 NORTH DRIVE	770 NORTH DRIVE
SUITE A	SUITE A
MELBOURNE, FL 32934 US	MELBOURNE, FL 32934 US

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3929051	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERIES, BENJAMIN E
770 NORTH DRIVE
SUITE A
MELBOURNE, FL 32934

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JEFFERIES, BENJAMIN E
STREET ADDRESS	770 NORTH DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _B. G. M_   1/23/07   321-952-2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #