2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L06000021123

Entity Name: GALILEE FOUNDATION "LLC"

Current Principal Place of Business:

639 ELDER CT
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

639 ELDER CT
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-4537286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUARTE, MICHELLE L
639 ELDER DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: DUARTE, MICHELLE L
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP (X) Change ( ) Addition
Name: DUARTE, MICHELLE L
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: P ( ) Change (X) Addition
Name: DUARTE, JOSEPH M
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Change (X) Addition
Name: LEWIS, ANDREW J
Address: 639 ELDER CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE DUARTE VP 03/26/2009

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