

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90188 038 ***138.75

DOCUMENT # L06000024709

1. Entity Name

GALLERIA, LLC



Principal Place of Business

C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134

Mailing Address

C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCURTIS, CONSTANTINE
C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134

Name

Martini, Gregory T.

Street Address (P.O. Box Number is Not Acceptable)

2655 LeJeune Road, Ste

City

Coral Gables

FL

Zip Code

33134

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 of Registered Agent and Title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCURTIS, CONSTANTINE | |
| STREET ADDRESS | 3211 PONCE DE LEON BLVD STE. 202 | |
| CITY- ST- ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

(Signature of Constantine J. Scurtis)

Constantine J. Scurtis

2/19/08

(305) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #