2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000030149

1. Entity Name



FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90044 035 ****50.00

GALLOWAY PROJECT, LLC			le t			14-23-2007 900)44 0 3 3 1	30.00	
Principal Place of Business 351 N.W. LEJUNE ROAD, SUITE 600 MIAMI, FL 33126		Mailing Address 351 N.W. LEJUNE ROAD, SUITE 600 MIAMI, FL 33126			·				
2 Principal P	less of Business No BO Boy #	3. Mailing Address							
2. Principal Place of Business - No P.O. Box #		3. Maning Address		1 16614017 011 1	IIII IIII IIII IIIII IIII IIII	I abida i kiki ba			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Number	20-480504	9		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current F					7. Name and	Address of New R	egistered A	\gent_	
SMITH GA	ARY V ESO		Name						
SMITH, GARY V ESQ. 1230 N.W. 7 STREET MIAMI, FL 33125			Street Address		(P.O. Box Number is Not Acceptable)				
 								T = :	
				ity			FL	Zip Cod	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered o	ffice or register	ed agent, or both	n, in the State of Flo	rida. Lam i	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Age	nt signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						e check p ı Departm	ayable to ent of Stat	. 9	
9.	MANAGING MEMBE	RS/MANAGERS	10.		<u>1.</u>	ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS				DORESS				☐ Change	☐ Addition
CITY-ST-ZIP	MIAMI, FL 33126	<u> </u>	CITY-ST-	ZIP				[Channe	Addition
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	L) Addition
STREET ADDRESS			STREET AC	1					;
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET AC CITY-ST-	DDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREET AC CITY-ST-	DDRESS ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITLE NAME STREET AT CITY-ST- TITLE NAME	DDRESS ZIP					

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