

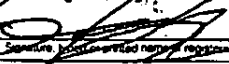
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 02, 2008 8:00 am
Secretary of State

08-14-2008 90055 001 ***138.75
08-14-2008 90055 002 *****5.00

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DOCUMENT # L06000118322			
1. Entity Name OLDE FLORIDA GALLERIE,LLC			
Principal Place of Business 13499 CLEVELAND AVENUE S.E. SUITE 121 FORT MYERS, FL 33607 US		Mailing Address 1983 SLOAN PLACE SUITE 12 MAPLEWOOD, MN 55117 US	
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
4. FEI Number 87-0789810		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WINDFELDT, MICHEAL 1068 BUSINESS LANE SUITE 1 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Roger Windfeldt Street Address (P.O. Box Number is Not Acceptable) 13499 Cleveland Ave SE, Ste 121 City Fort Myers FL Zip Code 33907	
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  DATE 8-12-08 (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDFELDT, ROGER L 1983 SLOAN PLACE, SUITE 12 MAPLEWOOD, MN 55117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Manager Roger Windfeldt 1983 Sloan Place, Ste 12 Maplewood, mn 55117 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 		Date 8-12-08 Daytime Phone # 651-774-3633	