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

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

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118322

1. Entity Name
OLDE FLORIDA GALLERIE,LLC

Principal Place of Business	Mailing Address
13499 CLEVELAND AVENUE S.E. SUITE 121 FORT MYERS, FL 33607 US	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

07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 87-0789810 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINDFELDT, MICHEAL 1068 BUSINESS LANE SUITE 1 NAPLES, FL 34110	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: [signature] DATE: 8-12-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(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	~~Member~~ Manager Roger Windfeldt 1983 Sloan Place, Ste 12 Maplewood, MN 55117	[X] 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
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: [signature] 8-12-08 651-774-3633

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