

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011423

Entity Name: LOST KEY GALIA, L.L.C.

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

82 DRIFTOAK CIR  
THE WOODLANDS, TX 77381

**New Principal Place of Business:**

**Current Mailing Address:**

82 DRIFTOAK CIR  
THE WOODLANDS, TX 77381

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, JAMES W  
13936 PLAYA WAY  
PERDIDO KEY, FL 32507 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: GREEN, JAMES W  
Address: 13936 PLAYA WAY  
City-St-Zip: PERDIDO KEY, FL 32507

Title: MGR ( ) Delete  
Name: FRANCK, KENNETH A  
Address: 320 SOCIETY STREET  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR ( ) Delete  
Name: FRANCK, VICTOR C  
Address: 82 DRIFTOAK CIR  
City-St-Zip: THE WOODLANDS, TX 77381

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VICTOR C. FRANCK

MGR

04/15/2008

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