

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-04-2008 90105 017 ***138.79

DOCUMENT # L07000017599 1. Entity Name GALLERY ART INVESTMENT, LLC.			
Principal Place of Business 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		Mailing Address 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # 1790 Coral Way		3. Mailing Address Suite 101	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Coral Gables FL		City & State Coral Gables FL	
Zip 33145		Country USA	
4. FEI Number 20-5894234		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01212008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PADRON, CARLOS E 2 ALHAMBRA PLAZA, STE. 860 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNANDEZ, HARVEY 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1790 Coral Way, Suite 101 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2-12-08 Daytime Phone # _____	