

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098159

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GALAXY OF HOMES REAL ESTATE ASSOCIATES LLC

**Current Principal Place of Business:**

3 CARL CT  
102  
BEVERLY HILLS, FL 34465

**New Principal Place of Business:**

**Current Mailing Address:**

3 CARL CT  
102  
BEVERLY HILLS, FL 34465

**New Mailing Address:**

4299 N SADDLETREE DR  
BEVERLY HILLS, FL 34465

FEI Number: 26-3530793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PALMIERO-KUCEJ, DOREEN K  
3 CARL CT  
102  
BEVERLY HILLS, FL 34465 US

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

PALMIERO-KUCEJ, DOREEN K  
3 CARL CT  
102  
BEVERLY HILLS, FL 34465 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALMIERO-KUCEJ, DOREEN K  
Address: 3 CARL CT SUITE 102  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: MGRM ( ) Delete  
Name: MARSHALL, AGNESS E  
Address: 3194 TAMARISK AVE  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES:**

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: DOREEN K PALMIERO KUCEJ

MGRM

04/29/2009

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