

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001696

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: GALAXY HOMES, LLC

**Current Principal Place of Business:**

416 SW 45TH ST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

416 SW 45TH ST  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 65-1024953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TARDIF, ROBERT E JR.  
1601 JACKSON STREET, SUITE 101  
FORT MYERS, FL 33901 US

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

IVERSON, PAUL O  
416 SW 45TH STREET  
CAPE CORAL, FL 33914 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: PAUL O IVERSON

03/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: IVERSON, PAUL O  
Address: 416 SW 45TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete  
Name: IVERSON, JASON P  
Address: 416 SW 45TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: IVERSON, JASON P  
Address: 429 SW 44TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL O IVERSON

MGRM

03/13/2007

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