

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022880

Entity Name: GLEN FOREST LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

2425 HOPKINS STREET
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2425 HOPKINS STREET
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 22-3873781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT L PETERS, P.A.
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034 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: MGRM () Delete
Name: BOREE, GREG
Address: 2425 HOPKINS STREET
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: DUKES, DANIEL A
Address: 2425 HOPKINS STREET
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Delete
Name: BOREE, MELANIE M
Address: 2425 HOPKINS STREET
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BOREE, MELANIE M
Address: 2425 HOPKINS STREET
City-St-Zip: ORANGE PARK, FL 32073

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

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: MELANIE M. BOREE

MGRM

01/10/2006

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