FILED
May 02, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036602

1. Entity Name
GLAZER ENTERPRISES LLC

Principal Place of Business	Mailing Address
C/O SAFO LLC 10800 BISCAYNE BLVD., #350 MIAMI, FL 33161	C/O SAFO LLC 10800 BISCAYNE BLVD., #350 MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC OR2E083 (10/03)

4. FEI Number
90-0175908
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE
Signature, typed or printed name of registered agent—not title if applicable. (NOTE: Registered Agent signature required when mandated.)

Filing Fee is $50.00
Due by May 1, 2005

7. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GLAZER, OFER
STREET ADDRESS	10800 BISCAYNE BLVD., #350
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000355814
05/04/05-80009-015 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 liquidator empowered to execute this report as required by Chapter 605, Florida Statutes.

X SIGNATURE: _____ 4-28-05 (305)891-0017
SIGNATURE OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Telephone Number #

5