


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-04-2005 90422 008 ****50.00

DOCUMENT # L04000049008

1. Entity Name
GLOTFELTY VENTURES, L.L.C.



Principal Place of Business
**3615 VENTURA DRIVE WEST
 LAKELAND, FL 33811**

Mailing Address
**3615 VENTURA DRIVE WEST
 LAKELAND, FL 33811**

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2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1313959

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BREWSTER, JAMES R ATTY.
 547 NORTH MONROE STREET, SUITE 203
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name **Michael Glotfelty**
 Street Address (P.O. Box Number is Not Acceptable)
3615 Ventura Dr. W.
 City **Lakeland** FL Zip Code **33811**

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 *Michael Glotfelty* **Michael Glotfelty** DATE **3-28-05**

Filing Fee is \$50.00 — Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLOTFELTY, MICHAEL 3615 VENTURA DRIVE WEST LAKELAND, FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLOTFELTY, WILLIAM R 2847 VERANDA VUE DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael Glotfelty* DATE: **3-28-05** DAYTIME PHONE #: **863-698-0585**