2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L05000000249

Entity Name: GLOCECOL, L.L.C.

Current Principal Place of Business:

5315 NW 195 TERRACE
MIAMI, FL 33055

New Principal Place of Business:

10049 NW 89 AVENUE
BAY #4
MEDLEY, FL 33178

Current Mailing Address:

5315 NW 195 TERRACE
MIAMI, FL 33055

New Mailing Address:

18142 SW 25 STREET
MIRAMAR, FL 33029

FEI Number: 20-2081836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONDONO, CECITH
5315 NW 195 TERRACE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

LONDONO, CECITH
18142 SW 25 STREET
MIRAMAR, FL 33029 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: CECITH LONDONO 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LONDONO, CECITH
Address: 5315 NW 195 TERRACE
City-St-Zip: MIAMI, FL 33055

Title: MGRM ( ) Delete
Name: RUIZ, GLORIA N
Address: 5315 NW 195 TERRACE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LONDONO, CECITH
Address: 18142 SW 25 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM (X) Change ( ) Addition
Name: RUIZ, GLORIA N
Address: 18142 SW 25 STREET
City-St-Zip: MIRAMAR, FL 33029

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: CECITH LONDONO MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date