



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000112128 1. Entity Name BISANZ GLENVIEW, LLC	
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Principal Place of Business 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103	Mailing Address 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103
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01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3820263	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR.
2390 TAMiami TRAIL NORTH, SUITE 204
NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BISANZ, THOMAS L 4600 FIRESTONE DRIVE FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NICHOLSON, SUSAN M 1805 GUILFORD LANE OKLAHOMA CITY, OK 73120
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas L. Bisanz 2/11/07 Susan M. Nicholson 2/16/07 972-624-5644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #