
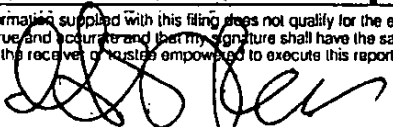


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106692 1. Entity Name GLENNWOOD PROPERTY SERVICES, LLC						FILED SECRETARY OF STATE 2006 NOV -7 AM 11:01	
Principal Place of Business 8413 LAUREL FAIR CIRCLE SUITE 101 TAMPA, FL 33610		Mailing Address 8413 LAUREL FAIR CIRCLE SUITE 101 TAMPA, FL 33610					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01062006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3727434	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
Zip Country		Zip Country		5.00 Additional Fee Required		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent R. J. HAUGHEY, II, ESQ. 100 S. ASHLEY DRIVE, SUITE 2150 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARSON, GLENN 8413 LAUREL FAIR CIRCLE SUITE 101 TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEARSON, GLENN 8413 LAUREL FAIR CIRCLE SUITE 101 TAMPA, FL 33610	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							

REINSTATEMENT 2006 DB