

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000106692**

1. Entity Name  
**GLENNWOOD PROPERTY SERVICES, LLC**



Principal Place of Business      Mailing Address

**8413 LAUREL FAIR CIRCLE SUITE 101**      **8413 LAUREL FAIR CIRCLE SUITE 101**  
**TAMPA, FL 33610**      **TAMPA, FL 33610**

**DO NOT WRITE IN THIS SPACE**



01312007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3727434</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAUGHEY, R.J. II, ESQ**  
**100 S. ASHLEY DRIVE, SUITE 2150**  
**TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARSON, GLENN 8413 LAUREL FAIR CIRCLE SUITE 101 TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEARSON, GLENN 8413 LAUREL FAIR CIRCLE SUITE 101 TAMPA, FL 33610
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	

U00000632475  
 02/21/07-80025-010 55.00

**DO NOT WRITE IN THIS SPACE**

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:**       **2/18/07**      **813-493-9334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #