

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123464

**Entity Name:** GLL I, LLC

**Current Principal Place of Business:**

5150 TAMIAMI TRAIL N  
SUITE 300  
NAPLES, FL 34103

**Current Mailing Address:**

5150 TAMIAMI TRAIL N  
SUITE 300  
NAPLES, FL 34103 US

**FEI Number:** 27-4397480

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SALVATORI, WOOD & BUCKEL, P.L.  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LUND, THOMAS C  
Address 5150 TAMIAMI TRAIL N  
SUITE 300  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name LUND, T. CHADWICK  
Address 5150 TAMIAMI TRAIL N  
SUITE 300  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name GRAHAM, JOHN J  
Address 1210 PINE GROVE AVENUE  
City-State-Zip: ATLANTA GA 30319

Title MGR  
Name HARRIS, BENJAMIN A  
Address 137 CALVERT COURT  
City-State-Zip: PAWLEY'S ISLAND SC 29585

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** T. CHADWICK LUND

**MGR**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date