


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

2/22/2005-90075-018 \$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 17 AM 8:19


DOCUMENT # L00000003989
 1. Entity Name
GLENCAR, CORP., LLC.



Principal Place of Business: **2516 LEE ROAD ORLANDO FL**
 Mailing Address: **5537 LONG LAKE HILLS BLVD ORLANDO FL 32810**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E083 (10/04)
 4. FEI Number: **59-3117663**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**GREENBERG, WILLIAM A ESQ
 6500 SUTH HIGHWAY 17-92
 FERN PARK FL 32730**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKMAN, DENNIS D 5537 LONG LAKE HILLS BLVD ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: Dennis D Jackman **DENNIS D JACKMAN** 3-14-05 407-740-6577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #