2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM Secretary of State DOCUMENT # L00000003989 1. Entity Name GLENCAR, CORP., L.L.C. Principal Place of Business Mailing Address 2516 LEE ROAD ORLANDO FL 5537 LONG LAKE HILLS BLVD ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business Suite, Apt. if. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 59-3117663 Not Applicat \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, WILLIAM A ESQ Street Address (P.O. Box Number is Not Acceptable) 6500 SUTH HIGHWAY 17-92 FERN PARK FL 32730 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9 MANAGING MEMBERS/MANAGERS 10. U00000436179 Change 02/27/06-80027-006 **50.00** Accini TITLE MGR ☐ Detete TITLE NAME JACKMAN, DENNIS D STREET ADDRESS STREET ADDRESS 5537 LONG LAKE HILLS BLVD CITY-ST-ZIP ORLANDO FL 32810 CUTY-ST-ZIP ☐ Change A.c. ☐ Delete TIRE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Andilio NAME STREET ADDRESS STREET ADDRESS CITY - ST - 719 CITY-ST-ZIP ☐ Delete ☐ Change Addition | TITLE ПΙΣΕ MAME MAME STREET ADDRESS STRCCT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change Adam. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Marin NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Clair Olak

2-14-06 407-740-6577

FILED