

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90065 017 \*\*\*\*50.00

**DOCUMENT # L00000005275**



1. Entity Name  
**GLENBROOK VENTURES, LLC**

Principal Place of Business  
**73 S. PALM AVE  
 SUITE 223  
 SARASOTA, FL 34236**

Mailing Address  
**73 S. PALM AVE.  
 SUITE 223  
 SARASOTA, FL 34236**

**24059184**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-1013392**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOGREVE, BRADLEY W ESQ.  
 3700 S. TAMiami TRAIL  
 SUITE 201  
 SARASOTA, FL 34239**

7. Name and Address of New Registered Agent  
 Name **Angus C. Rogers**  
 Street Address (P.O. Box Number is Not Acceptable) **135 Palm Avenue**  
**Suite 223**  
 City **Sarasota** FL Zip Code **34236**

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 obligation of registered agent.

SIGNATURE **Angus C. Rogers** **Angus C. Rogers** **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2975 DEVELOPMENT CORPORATION <input type="checkbox"/> Delete 73 S. PALM AVE, SUITE 223 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIDELITY PROPERTIES, LTD. <input type="checkbox"/> Delete 6665 CRISTINA MARIA DRIVE ORLANDO, FL 32835
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
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
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

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: **Angus C. Rogers** **Angus C. Rogers** **4/28/04** **941-367-9317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #