

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

3. Mailing Address

04282004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1013392

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGREVE, BRADLEY W ESQ.
3700 S. TAMiami TRAIL
SUITE 201
SARASOTA, FL 34239**

Name **Angus C. Rogers**
Street Address (P.O. Box Number is Not Acceptable)
735 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 obligations of registered agent.

SIGNATURE

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **2975 DEVELOPMENT CORPORATION**
STREET ADDRESS **73 S. PALM AVE, SUITE 223**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **FIDELITY PROPERTIES, LTD.**
STREET ADDRESS **6665 CRISTINA MARIA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Angus C. Rogers **Angus C. Rogers** **4/28/04** **941-367-9317**