2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000008170

1. Entity Name
GLENSHEE, L.L.C.

Principal Place of Business	Mailing Address
1700 SW 12 AVENUE FORT LAUDERDALE, FL 33315	1700 SW 12 AVENUE FORT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE

07072004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1023513	Not Applicable

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

6. Name and Address of Current Registered Agent

CURRIE, SACKVILLE
1700 SW 12 AVENUE
FORT LAUDERDALE, FL 33315

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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 September 8, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CURRIE, MALVINA
STREET ADDRESS	1700 SW 12TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	MGR
NAME	CURRIE, SACKVILLE
STREET ADDRESS	1700 SW 12TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/04-80005-008 50.00

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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: _____   7/10/04   954-523-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #