


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000003113**  
 1. Entity Name  
**THE GLORIA PROJECT, L.C.**



Principal Place of Business      Mailing Address  
**471 N.E. 101ST ST.**      **471 N.E. 101ST ST.**  
**MIAMI SHORES, FL 33138**      **MIAMI SHORES, FL 33138**

**DO NOT WRITE IN THIS SPACE**



03032005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**65-1082433**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHULMAN, STEVEN**  
**471 NE 101 ST**  
**MIAMI SHORES, FL 33138**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	SHULMAN, STEVEN M
STREET ADDRESS	471 NE 101 ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000254978  
 03/07/05-80094-025 50.00

**DO NOT WRITE IN THIS SPACE**

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:** *Steven M Shulman*      **3/5/05**      **305 757-1234**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #