



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90294 020 ****50.00

DOCUMENT # L01000004412					
1. Entity Name GLASSMAN DEVELOPMENT, LLC					
Principal Place of Business 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435			Mailing Address 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03102006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1089383				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRECKER, CHARLES D ESQ C/O KATZ-BARRON, ET AL 100 NE 3RD AVE #280 FORT LAUDERDALE, FL 33301			Name <u>CHARLES D. BRECKER, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O STEARNS WEAVER</u> <u>200 E. LAS OLAS Blvd., #2100</u> City <u>FT LAUDERDALE</u> FL Zip Code <u>33301</u>		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASSMAN, STEVEN M		NAME		
STREET ADDRESS	3862 SOUTH LAKE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASSMAN, LARRY D		NAME		
STREET ADDRESS	7043 AYRSHIRE LANE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33496		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			LARRY D. GLASSMAN 3/17/06 561-742-4910		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		