

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90323 032 \*\*\*\*50.00

**DOCUMENT # L01000006785**



1. Entity Name  
**GLT, LLC**

Principal Place of Business

**TWO SEASIDE LANE  
#403  
BELLEAIR FL 33756**

Mailing Address

**TWO SEASIDE LANE  
#403  
BELLEAIR FL 33756**

20012718



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-5160182**

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

**LOKEN, LUVERNE M  
TWO SEASIDE LANE  
#403  
BELLEAIR FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MGRM</b>						
	<b>LOKEN, LUVERNE M</b>						
	<b>TWO SEASIDE LANE #403</b>						
	<b>BELLEAIR FL 33756</b>						
	<b>MGRM</b>						
	<b>LOKEN, VIVIAN M</b>						
	<b>TWO SEASIDE LANE #403</b>						
	<b>BELLEAIR FL 33756</b>						

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:** *Luverne M Loken* **SIGNATURE:** *Luverne M Loken*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date: **1-14-2003** Daytime Phone #: **727-443-1172**

CR2E083 (10/02)