


FILED
Apr 18, 2007 8:00 am
Secretary of State

3/2

03-27-2007 90204 020 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L01000007756 1. Entity Name GLM CONSULTING, LLC	
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Principal Place of Business 3119 HASSI PT. LONGWOOD, FL 32779	Mailing Address 3119 HASSI PT. LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE

30005116



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0654194	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEZBERG, MICHAEL D
 3119 HASSI POINT
 LONGWOOD, FL 32779**

**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 reappointing) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	LOZBERG, MICHAEL
STREET ADDRESS	3119 HASSI PT.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	MGRM
NAME	AROSS, LYNNE
STREET ADDRESS	6946 SUPERIOR ST. CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: *Michael D. Lezberg* Date: *4/7/07* Daytime Phone #: *407 256 7704*