

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000018341

1. Entity Name
GLC PROPERTIES, L.L.C.



Principal Place of Business

796 N STATE RD 21
MELROSE, FL 32666

Mailing Address

796 N STATE RD 21
MELROSE, FL 32666

FILED
Aug 03, 2004 08:00 AM
Secretary of State



07312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0390569

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILLEY, ANNETTE
796 N STATE RD 21
MELROSE, FL 32666

**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

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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLEY, ANNETTE 796 N. STATE RD 21 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/03/04-80002-001 55.00

**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:

Annette Gilley

Annette Gilley

8/1/04

(352) 475-3133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #