

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018341

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

FILED  
Jul 12, 2006  
Secretary of State

## Current Principal Place of Business:

796 N STATE RD 21  
MELROSE, FL 32666

## New Principal Place of Business:

206 LAKE IDA POINT DR  
INTERLACHEN, FL 32148

## Current Mailing Address:

796 N STATE RD 21  
MELROSE, FL 32666

## New Mailing Address:

206 LAKE IDA POINT DR  
INTERLACHEN, FL 32148

FEI Number: 03-0390569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GILLEY, ANNETTE  
206 LAKE IDA POINT DR  
INTERLACHEN, FL 32148      US

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.

SIGNATURE:

07/12/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: GILLEY, ANNETTE  
Address: 796 N. STATE RD 21  
City-St-Zip: MELROSE, FL 32666

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: GILLEY, ANNETTE  
Address: 206 LAKE IDA POINT DR  
City-St-Zip: INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

07/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date