

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90133 045 \*\*\*143.75

60010200



02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**80-0024669**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD JR.**  
**1555 PALM BEACH LAKES BLVD., SUITE 1100**  
**WEST PALM BEACH, FL 33401**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **GLASSTONE OPERATING COMPANY**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., SUITE 1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **P** ☐ Delete  
NAME **ECCLESTONE, E. LLWYD**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **V** ☒ Delete  
NAME **COOPER, RON**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **S** ☐ Delete  
NAME **GAMMON, NANNETTE**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD #1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **V/D**  
STREET ADDRESS **HELENA LEYENDECKER**  
CITY-ST-ZIP **1555 PALM BEACH LAKES BLVD, # 1100**  
**WEST PALM BEACH, FL 33401**

TITLE ☒ Change ☐ Addition  
NAME **S/T**  
STREET ADDRESS **NANNETTE GAMMON**  
CITY-ST-ZIP **1555 PALM BEACH LAKES BLVD, # 1100**  
**WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 119, Florida Statutes.

**SIGNATURE** NANNETTE GAMMON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/08