2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020086

1. Entity Name GLENN J. SNEIDER L.C.

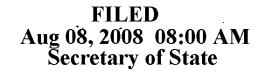


Principal Place of Business

200 SW 9TH STREET OKEECHOBEE, FL 34974

Mailing Address

200 SW 9TH STREET OKEECHOBEE, FL 34974





DO NOT WRITE IN THIS SPACE

08042008 No Chg-LLC

4. FEI Number

CR2E083 (12/07)

4. FEI Number 65-1154211 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6."Name and Address of Current Registered Agent

SNEIDER, GLENN J ESQ. 200 SW 9 STREET OKEECHOBEE, FL 34974

DO NOT WRITE

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, a	
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNEIDER, GLENN J 200 SW 9TH STREET OKEECHOBEE, FL 34974		
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TITLE		^	

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DO NOT WRITE

11. I hereby certify that the information supplied with this filling does not qualify or the exemptions contained in Chapter 119. Florida Statutes-1-further certify that the information indicated on this report is true and triat 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 frequency of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the frequency of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the frequency of the limited liability company or the limited liability company or the limited liability or the limited liability company or the limited liability company or the limited liability or

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

<u>8/6/08</u>

863-467-6570

Daylime Phone #