

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022270

FILED
Apr 17, 2005
Secretary of State

Entity Name: GLASGOW COCONUT CREEK, LLC

Current Principal Place of Business:

5607-5619 REGENCY LAKES BLVD
COCUNUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

7100-39 FAIRWAY DR
PMB #180
PALM BEACH GARDENS, FL 33418

New Mailing Address:

10130 NORTHLAKE BLVD.
SUITE 214-328
WEST PALM BEACH, FL 33412

FEI Number: 01-0550082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL SUITE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GLASGOW, ANDY
Address: 231 EAGLETON LAKES BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: GLASGOW, JEROME
Address: 7580 REGENCY LAKES DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLASGOW, ANDY
Address: 10130 NORTHLAKE BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR (X) Change () Addition
Name: GLASGOW, JEROME
Address: 10130 NORTHLAKE BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDY GLASGOW

MGR

04/17/2005

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