LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUN 25 AM 9: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002827

1. Entity Name
GLENMERY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
REP. OF KAZAKHSTAN		1455 TALLEVAST ROAD	
Suite, Apt. # etc		Suite, Apt. #, etc. STE L8319	
City & State ALMAATI		City & State SARASOTA, FL	
Zip	Country REP. OF KAZAKH	Zip 34243	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / ✔ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Joseph Evans

Street Address (P O Box Number is Not Acceptable)
1455 Tallevast Road, STE # L8319

City Sarasota FL Zip Code 34243

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] June 9 '04
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

U00000141858
04/30/04-80029-003 350.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	SAMMUT LLC	NAME	
STREET ADDRESS	1308 Delaware Avenue	STREET ADDRESS	
CITY-ST-ZIP	Wilmington DE 19806	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: [signature] Authorized signatory of Sammut LLC Zaida Elina Rios Juliao April 21, 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #