

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002827

FILED  
Jun 16, 2005  
Secretary of State

Entity Name: GLENMERY LLC

## Current Principal Place of Business:

REP. OF KAZAKHSTAN  
ALMAATI REP. OF KAZAKHSTAN, OC

## New Principal Place of Business:

REP. OF KAZAKHSTAN  
ALMAATI REP. OF KAZAKHSTAN, NA OC

## Current Mailing Address:

1455 TALLEVAST RD, STE L8319  
SARASOTA, FL 34243

## New Mailing Address:

910 FOULK ROAD  
SUITE 201  
WILMINGTON, DE 19803

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
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:

EVANS, JOSEPH  
1901 60TH PLACE, STE. #L8319  
BRADENTON, FL 34203 US

## Name and Address of New Registered Agent:

ARD, SHIRLEY & HARTMAN, P.A.  
207 WEST PARK AVE.  
SUITE B  
TALLAHASSEE, FL 32301 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: SAMUAL J. ARD

06/16/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAMMUT LLC,  
Address: 1308 DELAWARE AVENUE  
City-St-Zip: WILMINGTON, DE 19806

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ZAIDA ELINA RIOS JULIANO FOR SAMMUT LLC

MGR

06/16/2005

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