

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90204 009 ****50.00

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01132004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000005319			
1. Entity Name S.J. GLAUSER DCRE, L.L.C.			
Principal Place of Business 6828 SOUTH TAMiami TRAIL SARASOTA, FL 34231		Mailing Address 6828 SOUTH TAMiami TRAIL SARASOTA, FL 34231	
2. Principal Place of Business 10391 Westminister Blvd		3. Mailing Address 2033 Main St	
Suite, Apt. #, etc.		#600 % B. Chapnick	
City & State Westminister CO		City & State Sarasota FL	
Zip 80220	Country USA	Zip 34237	Country USA

4. FEI Number 04-3620937	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. ICARD, MERRILL, CULLIS, ET AL 2033 MAIN ST., STE. 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLAUSER, STEVEN J 6828 S. TAMiami TRAIL SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *S.J. Glauser* **1/13/04** **303 410-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #