


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90134 007 ****50.00

DOCUMENT # L02000016220	
1. Entity Name LA PRESERVE, LLC	

Principal Place of Business 101 SE 21ST STREET, FT. LAUDERDALE FL 33316 US	Mailing Address 101 SE 21ST STREET, FT. LAUDERDALE FL 33316 US
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2. Principal Place of Business 120 NE 4TH Street Fort Lauderdale, FL 33301	3. Mailing Address 120 NE 4TH Street Fort Lauderdale, FL 33301
Zip 33301	Country US



MOORE CR2E083 (11/03)

4. FEI Number 14-1861414	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDSON, GEX F 101 SE 21ST ST FT. LAUDERDALE FL 33316	7. Name and Address of New Registered Agent RICHARDSON, GEX F 120 NE 4TH STREET FORT LAUDERDALE, FL 33301
Name RICHARDSON, GEX F	City FL
Street A 120 NE 4TH STREET	Zip Code 33301

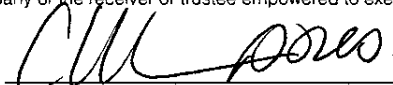
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLEANT HOLDINGS, LLC		NAME GLEANT HOLDINGS LLC	
STREET ADDRESS 101 SE 21ST STREET		STREET ADDRESS 120 NE 4th Street	
CITY-ST-ZIP FT. LAUDERDALE FL 33316		CITY-ST-ZIP Fort Lauderdale, FL 33301	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, GLENN B JR		NAME WRIGHT, GLENN B JR	
STREET ADDRESS 101 SE 21ST ST		STREET ADDRESS 120 NE 4th Street	
CITY-ST-ZIP FT LAUDERDALE FL 33316		CITY-ST-ZIP Fort Lauderdale, FL 33301	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	4-29-04	904-761 3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #