2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L02000026468

Entity Name: N. GLANTZ & SON, LLC

Current Principal Place of Business:

4408 36TH STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

2501 CONSTANT COMMENT PLACE
LOUISVILLE, KY 40299

New Mailing Address:

FEI Number: 13-1912382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MANAGERS:

Title:	P	( ) Delete
Name:	HARTMAN, JOSEPH	
Address:	16 COURT STREET 30TH FLOOR	
City-St-Zip:	BROOKLYN, NY 11241	
Title:	VP	( ) Delete
Name:	KELLEY, MICHAEL J	
Address:	2501 CONSTANT COMMENT PLACE	
City-St-Zip:	LOUISVILLE, KY 40299	
Title:	EVP	( ) Delete
Name:	GLANTZ, DAVEY J	
Address:	350 RANGER AVE STE B	
City-St-Zip:	BREA, CA 92821	

ADDITIONS/CHANGES:

Title:	P	(X) Change ( ) Addition
Name:	HARTMAN, JOSEPH	
Address:	2501 CONSTANT COMMENT PLACE	
City-St-Zip:	LOUISVILLE, KY 40299	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL J KELLEY CFO 04/24/2009

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