2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000030672

1. Entity Name GLAŚSMAN PROPERTIES, LLC

Principal Place of Business

1000 SOUTH FEDERAL HIGHWAY **BOYNTON BEACH, FL 33435**

Mailing Address

1000 SOUTH FEDERAL HIGHWAY **BOYNTON BEACH, FL 33435**

FILED Apr 12, 2005 08:00 AM Secretary of State



03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0577249 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRECKER, CHARLES D ESQ. %KATZ BARRON, ET AL. 100 N.E. 3RD AVE., #280

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FOR LAUDERDALE, FL 33301				
8. The above the obligat	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE)		(NOTE Registered	Agent signature required when reinstailing) DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-\$1-2IP	MGRM GLASSMAN REALTY, LTD. 1000 SO. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	<u> </u>	U00000300368 04/12/05-80017-011 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLASSMAN, LARRY D 7043 AYRSHIRE LANE BOCA RATON, FL 33496			
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR GLASSMAN, STEVEN M 3862 SOUTH LAKE DRIVE BOYNTON BEACH, FL 33435		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME		3 1 - 3 2 3		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u> Iarry D. Glassman</u>