

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002211

FILED
Apr 28, 2008
Secretary of State

Entity Name: GL MANAGEMENT ASSOCIATES, LLC

Current Principal Place of Business:

2502 GULF DRIVE NORTH
BRADENTON BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

C/O RODGER POLIVCHAK
4301 32ND ST W STE D3
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 56-2317519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIVCHAK, RODGER P
4301 32ND ST W STE D3
BRADENTON, FL 34205 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: MGRM () Delete
Name: POLIVCHAK, JEFFERY D
Address: 2502 GULF DRIVE NORTH
City-St-Zip: BRADENTON BEACH, FL 34217 US

Title: MGRM () Delete
Name: POLIVCHAK, RODGER
Address: 2502 GULF DRIVE NORTH
City-St-Zip: BRADENTON BEACH, FL 34217 US

Title: MGR () Delete
Name: MORAN, MARJORIE M
Address: 2502 GULF DRIVE NORTH
City-St-Zip: BRADENTON BEACH, FL 34217 US

ADDITIONS/CHANGES:

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

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: JEFFERY D POLIVCHAK

MGRM

04/28/2008

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