


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90159 026 ****50.00

DOCUMENT # L03000003837	
1. Entity Name GLYNN INVESTMENT, LLC	

Principal Place of Business % EUGENE R. AND GWYNNE MITCHELL P.O. BOX 282 GREENFIELD, NH 03047	Mailing Address % EUGENE R. AND GWYNNE MITCHELL P.O. BOX 282 GREENFIELD, NH 03047
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20015206



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 00-5445918	Applied For <input type="checkbox"/> 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 TURNER, CAPRECIA 5455 JAEGER ROAD NAPLES, FL 34109	
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7. Name and Address of New Registered Agent	
Name <i>Nicole Martin</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>5455 Jaeger Rd</i>	
City <i>Naples</i>	FL Zip Code <i>34109</i>

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 <i>Nicole Martin</i>	DATE <i>2/17/05</i>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, EUGENE R 418 SAWHILL RD. GREENFIELD, NH 03047 <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	MGRM MITCHELL, GWYNNE M 418 SAWHILL RD. GREENFIELD, NH 03047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Eugene Mitchell Gwynne Mitchell</i>	Date <i>2/18/05</i>	Daytime Phone # <i>603/547-3800</i>
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