2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90022 046 ****50.00

DOCUMENT # L03000014960

1. Entity Name
GLN INVESTMENTS, L.C.

Principal Place of Business	Mailing Address
1881 W. MARION AVENUE C/O BETSY MCMILLAN PUNTA GORDA, FL 33950	1881 W. MARION AVENUE C/O BETSY MCMILLAN PUNTA GORDA, FL 33950

04042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
839 Napoli Lane	839 Napoli Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL.	City & State: Punta Gorda, FL.
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number: 16-1677998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, BETSY
1881 W. MARION AVENUE
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 839 Napoli Lane
City: Punta Gorda FL Zip Code: 33950

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: [signature] DATE: 4/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NILES, GARY 2138 SYCAMORE CIRCLE BURTON, MI 48509	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, WILLIAM C 1881 W. MARION AVENUE PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 839 Napoli Lane Punta Gorda, FL. 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/4/05 (941)575-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #