
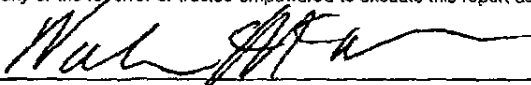


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00**  
**Secretary of State**

<b>DOCUMENT # L03000014960</b> 1. Entity Name <b>GLN INVESTMENTS, L.C.</b>		
Principal Place of Business <b>829 NAPOLI LANE PUNTA GORDA, FL 33950</b>	Mailing Address <b>829 NAPOLI LANE C/O BETSY MCMILLAN PUNTA GORDA, FL 33950</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCMILLAN, BETSY 839 NAPOLI LANE PUNTA GORDA, FL 33950</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NILES, GARY 2138 SYCAMORE CIRCLE BURTON, MI 48509</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCMILLAN, WILLIAM C 839 NAPOLI LANE PUNTA GORDA, FL 33950</b>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
<b>SIGNATURE:</b> 		<b>4/29/06 (941) 628-2600</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**16-1677998**

Applied For  
Not Applicable

5. Certificate of Status Desired

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**\$5.00** Additional  
Fee Required

U00000548124  
05/13/06-80008-003 50.00