2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000014960

1. Entity Name GLN INVESTMENTS, L.C.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

829 NAPOLI LANE PUNTA GORDA, FL 33950 Mailing Address

829 NAPOLI LANE C/O BETSY MCMILLAN PUNTA GORDA, FL 33950



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
16-1677998	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, BETSY 839 NAPOLI LANE PUNTA GORDA, FL 33950

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	inging its registered office or registered agent, or both, in t	he State of Florida. 1 am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NILES, GARY
STREET ADDRESS	2138 SYCAMORE CIRCLE
CITY-ST-ZIP	BURTON, MI 48509
TITLE	MGR
NAME	MCMILLAN, WILLIAM C
STREET ADDRESS	839 NAPOLI LANE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
11. I bereby	certify that the information supplied with this filling does not qualify for the ex

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

I.MANAGER

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