


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000014960 1. Entity Name GLN INVESTMENTS, L.C.	
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Principal Place of Business 829 NAPOLI LANE PUNTA GORDA, FL 33950	Mailing Address 829 NAPOLI LANE C/O BETSY MCMILLAN PUNTA GORDA, FL 33950
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03302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1677998	Applied For 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

MCMILLAN, BETSY 839 NAPOLI LANE PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NILES, GARY 2138 SYCAMORE CIRCLE BURTON, MI 48509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, WILLIAM C 839 NAPOLI LANE PUNTA GORDA, FL 33950
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04/14/08-80046-015 138.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

3/30/08 (941) 575-4808