

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018113

Entity Name: GLARUS HOLDINGS, LLC

FILED
Mar 02, 2007
Secretary of State

Current Principal Place of Business:

1800 COLLINS AVENUE
APT. 15-F
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 52-2407756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARQUINA, LUIS F
Address: 1800 COLLINS AVENUE, APT. 15-F
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: MARQUINA, ELENA
Address: 1800 COLLINS AVENUE, APT. 15-F
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: MARQUINA, ANTONIO
Address: 1800 COLLINS AVENUE, APT. 15-F
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS MARQUINA

MGR

03/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date