


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90109 032 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                        |                                                                                                                                                                                                              |                                                                                                 |  |
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| <b>DOCUMENT # L03000018980</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                        |                                                                                                                                                                                                              |                |  |
| <b>1. Entity Name</b><br>GLIMMER DOME PROPERTIES LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                                        |                                                                                                                                                                                                              |                                                                                                 |  |
| <b>Principal Place of Business</b><br>3038 N. FEDERAL HWY.<br>SUITE D-200<br>FORT LAUDERDALE, FL 33306 US                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                        | <b>Mailing Address</b><br>3038 N. FEDERAL HWY.<br>SUITE D-200<br>FORT LAUDERDALE, FL 33306 US                                                                                                                |                                                                                                 |  |
| <b>2. Principal Place of Business</b><br>2805 E. OAKLAND PARK BLVD<br>Suite, Apt. #, etc.<br># 392                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          | <b>3. Mailing Address</b><br>2805 E. OAKLAND PARK BLVD<br>Suite, Apt. #, etc.<br># 392 |                                                                                                                                                                                                              |                                                                                                 |  |
| <b>City &amp; State</b><br>FT. LAUDERDALE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          | <b>City &amp; State</b><br>FT. LAUDERDALE FL                                           |                                                                                                                                                                                                              | <b>4. FEI Number</b><br>11-3693936                                                              |  |
| <b>Zip</b><br>33306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          | <b>Country</b><br>BROWARD                                                              |                                                                                                                                                                                                              | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| <b>6. Name and Address of Current Registered Agent</b><br>PISONI, MATTHEW C M<br>3038 N FEDERAL HIGHWAY<br>SUITE D-200<br>FORT LAUDERDALE, FL 33306                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                        | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2805 EAST OAKLAND PARK BLVD<br># 392<br>City<br>FT. LAUDERDALE FL Zip Code<br>33306-1813 |                                                                                                 |  |
| <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.</b>                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                                        |                                                                                                                                                                                                              |                                                                                                 |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                        |                                                                                                                                                                                                              |                                                                                                 |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                        | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                           |                                                                                                 |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                        | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                 |                                                                                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR</b><br>PISONI, MATTHEW C M<br>3038 NORTH FEDERAL HIGHWAY, SUITE D-200<br>FT. LAUDERDALE, FL 33306 |                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                   | <b>MGR</b><br>PISONI, MATTHEW C.<br>2805 E. OAKLAND PARK BLVD # 392<br>FT. LAUDERDALE FL 33306  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          |                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          |                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          |                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          |                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          |                                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| <b>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.</b> |                                                                                                          |                                                                                        |                                                                                                                                                                                                              |                                                                                                 |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                        | MATTHEW C. PISONI                                                                                                                                                                                            |                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                                        | Date: 7/1/2005 Daytime Phone #: 954-661-6288                                                                                                                                                                 |                                                                                                 |  |