FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90129 002 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018980

1. Entity Name
GLIMMER DOME PROPERTIES LLC

20007899

Principal Place of Business	Mailing Address
2805 S. OAKLAND PARK BLVD. # 392 FORT LAUDERDALE, FL 33306 US	2805 S. OAKLAND PARK BLVD. # 392 FORT LAUDERDALE, FL 33306 US

2. Principal Place of Business		3. Mailing Address	
409		409	
Suite, Apt. #, etc. SE 16th ~~ST~~ COURT		Suite, Apt. #, etc. SE 16th ~~ST.~~ COURT	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE, FL	
Zip 33316	Country US	Zip 33316	Country US

02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3693936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PISONI, MATTTHEW C M
2805 EAST OAKLAND PARK BLVD,
#392
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name PISONI MATTHEW
Street Address (P.O. Box Number is Not Acceptable)
409 SE 16th ~~ST~~ COURT
City FORT LAUDERDALE FL Zip Code 33316

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 accep the obligations of registered agent.

SIGNATURE MATTHEW PISONI 02/03/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PISONI, MATTHEW C M 2805 S. OAKLAND PARK BLVD., #392 FORT LAUDERDALE, FL 33306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	409 SE 16th ~~ST~~ COURT FORT. LAUDERDALE FL 33316	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: MATTHEW PISONI 02/03/06 954-864-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #