


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90143 048 \*\*\*\*50.00

**DOCUMENT # L03000034298**

1. Entity Name  
**GLX PROPERTIES I LLC**



Principal Place of Business      Mailing Address

**ONE EAST BROWARD BLVD  
 SUITE # 700  
 FT. LAUDERDALE FL 33301  
 US**

**ONE EAST BROWARD BLVD  
 SUITE # 700  
 FT. LAUDERDALE FL 33301  
 US**

**34006492**



MOORE CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**56-2392353**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAW OFFICES OF GISELLE LEONARDO P.A.  
 ONE EAST BROWARD BLVD  
 SUITE # 700  
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE / NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>MANA P.A.</b>	<b>Law Offices of G. Leonardo P.A.</b>	<b>One East Broward Blvd.</b>		
	<b>Suite 700</b>	<b>ft. Lauderdale, FL 33301</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.

SIGNATURE: G. Leonardo P.A.      Date: 2-17-04      Daytona Phone # \_\_\_\_\_

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