2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # L03000034298 **Secretary of State** 1. Entity Name GLX PROPERTIES I LLC Mailing Address Principal Place of Business ONE EAST BROWARD BLVD ONE EAST BROWARD BLVD SUITE # 700 FT. LAUDERDALE FL 33301 SUITE # 700 FT. LAUDERDALE FL 33301 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 56-2392353 Not Applicable Zip Country Ζìρ Cauntry \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICES OF GISELLE LEONARDO P.A. Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD SUITE # 700 FT. LAUDERDALE FL 33301 City Zip Code FI 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 tamiliar with, and accept the obligations of registered agent. Signature, typind or printed frame of registered agent and fille if applicable. (NOTE. Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. g. ☐ Change ☐ Addition TITLE MGR Titté MAME LAW OFFICE OF G. LEONARDO P.A. MAME STREET ADDRESS ONE EAST BROWARD BLVD. SUITE 700 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME U00000466659 STREET ADDRESS STREET ADDRESS 03/23/06-80019-013 50.00 CITY-ST-21P CITY-ST-ZIP ukt ☐ Delcte TALE ☐ Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 21F CITY-SF-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAML STREET ADDRESS STREET ADDRESS CTTY-ST-ZTP CITY-SI-21P TITLE Delete TOTAL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 412-12- YILG CITY-ST-ZIP TITLE ☐ Dolete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CRY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE:

FILED

950-72829026