


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-24-2004 90098 002 ****50.00

DOCUMENT # L03000034302
 1. Entity Name
GLX PROPERTIES II LLC



Principal Place of Business Mailing Address
ONE EAST BROWARD BLVD. **ONE EAST BROWARD BLVD.**
SUITE # 700 **SUITE # 700**
FT. LAUDERDALE FL 33301 **FT. LAUDERDALE FL 33301**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

2
2

34006491



MOORE CR2E083 (11/03)

4. FEI Number **56-2392359** 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 _____

B. 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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Manuela
Law Office of G. Leonardo
One East Broward Blvd
Suite 700
ft. Lauderdale Fl 33301

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** Daytime Phone # _____