


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000036484						<p><b>FILED</b></p> <p><b>06 MAY 12 AM 11:01</b></p> <p><b>SECRETARY OF STATE</b></p> <p><b>TALLAHASSEE, FLORIDA</b></p>	
1. Entity Name GLAD, LTD. CO.				Principal Place of Business C/O PELICAN RALTY GROUP, INC. 27911 CROWN LAKE BOULEVARD BONITA SPRINGS, FL 34135			
2. Principal Place of Business				3. Mailing Address C/O PELICAN RALTY GROUP, INC. 27911 CROWN LAKE BOULEVARD BONITA SPRINGS, FL 34135			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  GALVANO, RICHARD C/O PELICAN RALTY GROUP, INC. 27911 CROWN LAKE BOULEVARD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name <u>RICHARD GALVANO C/O PELICAN REALTY</u> Street Address (P.O. Box Number is Not Acceptable) <u>27911 CROWN LAKE BOULEVARD</u> City <u>BONITA SPRINGS</u> FL <u>34135</u>			
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALVANO, RICHARD 27911 CROWN LAKE BOULEVARD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	900075547379 05/31/06--01010--015 **500.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>[Signature]</u> 5/18 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>[Signature]</u> MANAGER (RICH GALVANO)				Date <u>4-28-06</u> Daytime Phone # <u>239-495-9000</u>			