


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000036802

1. Entity Name
GLAZER ENTERPRISES LLC



Principal Place of Business Mailing Address

**C/O SAFO LLC
10800 BISCAYNE BLVD., #350
MIAMI, FL 33161**

**C/O SAFO LLC
10800 BISCAYNE BLVD., #350
MIAMI, FL 33161**



DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Apply for
90-0175908 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

I, 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 in printed name of registered agent - not applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is \$50.00
Due by May 1, 2005

B. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME STREET ADDRESS CITY-ST-ZIP	GLAZER, OFER 10800 BISCAYNE BLVD., #350 MIAMI, FL 33161
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05/04/05-80009-015 50.00

**DO NOT WRITE
IN THIS SPACE**

I1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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  DATE **4-28-05** (305) 891-0017

SIGNATURE TO BE TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

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