

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045854

Entity Name: GLENCOE LEASING, LLC

FILED  
Apr 21, 2004  
Secretary of State

**Current Principal Place of Business:**

645 W. MICHIGAN STREET  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 568245  
ORLANDO, FL 32856

**New Mailing Address:**

FEI Number: 20-0390778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, PAMELA N  
645 W. MICHIGAN STREET  
ORLANDO, FL 32805

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BURDEN, RANDY O  
Address: 1611 S. SUMMERLIN AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: SHAW, PAMELA N  
Address: 2901 S. OSCEOLA AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: GERRITS, EDWARD J II  
Address: 6745 N MYAKA AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 34428

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAMELA N SHAW

MGRM

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date