


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90007 014 \*\*\*\*55.00

<b>DOCUMENT # L03000051269</b> 1. Entity Name G L S LLC	
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Principal Place of Business 1738 BEAR BAY COVE ORLANDO, FL 32824 US	Mailing Address <del>160 ALAMEDA DR</del> 1738 Bear Bay KISSIMMEE, FL 34743 Cove Orlando, FL 32824
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**DO NOT WRITE IN THIS SPACE**



07142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0121788	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GLEN L  
1738 BEAR BAY COVE  
ORLANDO, FL 32824

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GLEN L 1738 BEAR BAY COVE ORLANDO, FL 32824
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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:** *Glen L. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9-1-06 321-443-5726  
Date Daytime Phone #