

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054394

FILED
Feb 06, 2006
Secretary of State

Entity Name: GLS EQUITY HOLDINGS, LLC

Current Principal Place of Business:

3550 W. WATERS AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3550 W. WATERS AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-0497936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASSERLY, LINDA
3550 W. WATERS AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

MIULLI, LINDA
3550 W. WATERS AVENUE
TAMPA, FL 33614 US

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: LINDA M. MIULLI

02/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBSON, MICHAEL W
Address: 3550 W. WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: SHAH, SUNIL A
Address: 3550 W. WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: LAWTON, ERIC B
Address: 3550 W. WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

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 Chapter 119, 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: ERIC B. LAWTON

VP

02/06/2006

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