

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90534 018 ****55.00

DOCUMENT # L04000019452		
1. Entity Name GLAMIN PROPERTY INVESTMENTS, L.L.C.		

Principal Place of Business 3801 EAST 9 COURT HIALEAH, FL 33013	Mailing Address 3801 EAST 9 COURT HIALEAH, FL 33013
---	---

40043155



2. Principal Place of Business 3801 E. 9 Ct.	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State
Zip 33013	Country US

02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MIRANDA, DOMINGO 3801 EAST 9 COURT HIALEAH, FL 33013	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRANDA, DOMINGO 3801 EAST 9 COURT HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRANDA, GLADYS E 3801 EAST 9 COURT HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Gladys E. Miranda* Gladys Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone # _____ (305) 495-3031