


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90026 001 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

20056550

DOCUMENT # L04000022011			
1. Entity Name GLAZER DAVIE, LLC			
Principal Place of Business 276 BAL BAY DRIVE BAL HARBOR, FL 33154		Mailing Address 276 BAL BAY DRIVE BAL HARBOR, FL 33154	
2. Principal Place of Business 10800 Biscayne Blvd Subs. Apt. #, etc. #950 City & State Miami, FL Zip 33161 Country USA		3. Mailing Address 10800 Biscayne Blvd Subs. Apt. #, etc. #950 City & State Miami, FL Zip 33161 Country USA	
4. FEI Number: 20-2659571		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZER, OFER 276 BAL BAY DRIVE BAL HARBOR, FL 33154		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 certifying) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLAZER, OFER 276 BAL BAY DRIVE BAL HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 305-891-2017	

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TO 84-00133058913874#

29-APR-2005 08:56 FROM M Y TEDDY