


Apr 21, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000022011			
1. Entity Name GLAZER DAVIE, LLC			
Principal Place of Business 10800 BISCAYNE BLVD. # 950 MIAMI, FL 33161		Mailing Address 10800 BISCAYNE BLVD. # 950 MIAMI, FL 33161	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number: 20-2659571		Applied For 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: Glazer, Ofer Street Address (P.O. Box Number is Not Acceptable): 10800 Biscayne Blvd # 950 City: Miami FL Zip Code: 33161	
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 _____		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLAZER, OFER 276 BAL BAY DRIVE BAL HARBOR, FL 33154	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
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 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 605, Florida Statutes.			
SIGNATURE: _____		4/11/06 305-891-0017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



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