2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053801

1. Entity Name
GLRS, LLC

400703 (handwritten/barcode)

Principal Place of Business	Mailing Address
480 BLACKBURN POINT ROAD OSPREY, FL 34229	480 BLACKBURN POINT ROAD OSPREY, FL 34229

2. Principal Place of Business - No P.O. Box #	3. Mailing Address *2820 S. Holiday Dr*

04092007   Chg-LLC   CR2E083 (12/06)

Suite, Apt. #, etc.	Suite, Apt. #, etc. *Suite 220*

City & State	City & State *SARASOTA FL*	4. FEI Number 20-1404964	Applied For / Not Applicable

Zip	Country	Zip *34231*	Country *USA*	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOIGT, STEPHEN F 2042 BEE RIDGE ROAD SARASOTA, FL 34239	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 _____   *4-11-07*
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 May 1, 2007		**Make check payable to Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEFEVRE, TOM 480 BLACKBURN POINT ROAD OSPREY, FL 34229	☐ 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
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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 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: _____   *4-11-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #