

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90029 021 ***138.75

60029356



DOCUMENT # L04000053801 1. Entity Name GLRS, LLC			
Principal Place of Business 480 BLACKBURN POINT ROAD OSPREY, FL 34229		Mailing Address 7820 S HOLIDAY DR STE 220 SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 7820 S. HOLIDAY DR Suite, Apt. #, etc. Suite 220		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA FL Zip 34231		City & State Country Zip Country	
4. FEI Number 20-1404964		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03262008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent VOIGT, STEPHEN F 2042 BEE RIDGE ROAD SARASOTA, FL 34239		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-28-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEFEVRE, TOM 7820 S. HOLIDAY DR., Suite 220 SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 608, Florida Statutes.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4-28-08	