

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068573

Entity Name: GLENDA'S MEADOW, LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

6101 GAZEBO PARK PL N, STE 107
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

6101 GAZEBO PARK PL N, STE 107
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-1641971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACTER, DAVID A
6101 GAZEBO PARK PL N, STE 107
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILLS, MILTON T
Address: 8647 NO ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: SHACTER, DAVID A
Address: 6101 GAZEBO PARK PL N, STE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM (X) Delete
Name: SHACTER, MELODY D
Address: 6101 GAZEBO PARK PLACE N, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: GALLION, JOHN P
Address: 382 NW 271ST WAY
City-St-Zip: LAWTEY, FL 32058

Title: MGRM () Delete
Name: GALLION, DONNA K
Address: 382 NW 271ST WAY
City-St-Zip: LAWTEY, FL 32058

Title: MGRM () Delete
Name: CARTER, RANDALL R
Address: 8101 103RD ST.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DREES HOMES OF FLORI, DA, INC.
Address: 6101 GAZEBO PARK PL N, STE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID A SHACTER

MGRM

04/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date