

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000068573

1. Entity Name
GLENDA'S MEADOW, LLC



Principal Place of Business
6101 GAZEBO PARK PL N, STE 107
JACKSONVILLE, FL 32257

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



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1641971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SILLS, MILTON T
STREET ADDRESS	8647 NO ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGRM
NAME	DREES HOMES OF FLORIDA, INC.
STREET ADDRESS	6101 GAZEBO PARK PL N, STE 107
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	GALLION, JOHN P
STREET ADDRESS	382 NW 271ST WAY
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	MGRM
NAME	GALLION, DONNA K
STREET ADDRESS	382 NW 271ST WAY
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	MGRM
NAME	CARTER, RANDALL R
STREET ADDRESS	8101 103RD ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000629614
02/19/07-00008-004 50.00

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IN THIS SPACE**

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: Lawrence G. Herbst 1-31-07 859-578-4609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #