


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90038 007 \*\*\*\*55.00

<b>DOCUMENT # L04000076541</b>	
<b>1. Entity Name</b> MICHAEL E. GLASSBURN JR., LLC	

<b>Principal Place of Business</b> 6655 KEENTOWN ROAD DUETTE FL 33834 US	<b>Mailing Address</b> P.O BOX 214 PARRISH FL 34219 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 6865 Keentown Rd.	<b>3. Mailing Address</b> SAME
<b>Suite, Apt. #, etc.</b> Duette, FL	<b>Suite, Apt. #, etc.</b>
<b>City &amp; State</b> 33834 USA	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E083 (10/06)

<b>4. FEI Number</b> 20-1782460	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> GLASSBURN, MICHAEL E JR 6655 KEENTOWN ROAD DUETTE FL 33834	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> 6865 Keentown Rd. <b>City</b> Duette, FL <b>Zip Code</b> 33834 <b>FL</b>
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**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 the applicable (NOTE: Registered Agent signature required when registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	MGRM GLASSBURN, MICHAEL E JR 6655 KEENTOWN ROAD DUETTE FL 33834 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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 Section 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:**  **4/17/07 863-838-3502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #