2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088082					FILED				
1. Entity Name GLORY INVESTMENT PROPERTIES, LLC					05 MAY -5 PM 3: 22				
					SECRETARY OF STATE				
Principal Place of Business		Mailing Address			ΙΔ	LLAHASSEE	151 ODII 1710 TE	t DA	
4013 NORTH ARMENIA AVENUE Tampa, Fl. 33607		4013 NORTH ARMENIA AVENUE Tampa, Fl. 33607			,,,	ACCUMOUSE.	, r COMI	ЭА	
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2. Principal Pla	ce of Business	3. Mailing Address							
Suito Apt # etc		Suite Apt # ete				enin mani marit m a lifi mali)	, 88191 (S118 IIS	AD ((()40)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232005	Chg-LLC		3 (10/03)	
City & State		City & State			4. FEI Numbe	25-06/3	237		plied For t Applicable
Zip Country		Zip Coun		ry		of Status Desired	- S	5.00 Add	litional
 .	6. Name and Address of Current	gistered Agent			7. Name and Address of New Registered Agent				
HONG CHOON IID				Name					
HONG, CHOON JIP 4013 NORTH ARMENIA AVENUE TAMPA, FL 33607				Street Address (P.O. Box Number is Not Acceptable)					
TAMEA, I E	33007								
				City			FL	Zip Code	9
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 Scotly a bond or printed agent and title 4 applicable. (IDTE Recitated Agent signature to vised when providing)									
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2005						Florida	e check pa a Departme	nt of State	
9.	MANAGING MEMBE	L RS/MANAGERS	10.			ADDITIONS		<u> </u>	
TITLE NAME	MGRM HONG, CHOON JIP	☐ Detete	TITLE					☐ Change	☐ Addition
	4013 NORTH ARMENIA AVENU	Ē	NAME STREE	ET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33607			-ST-ZIP					
TITLE NAME	•	☐ Delete	TITLE	1	A 1	چ وی محدو باستان باستان درستان درستا		Change	Addition
STREET ADDRESS				ET ADORESS	400054529134 05/13/0501066011 **200.00				
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NAME		. Delete	NAME						E AUDISION
STREET ADDRESS : City+St+Zip				ET ADORESS - ST-ZIP					
TITLE		☐ Defete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME	E Et address	,				
CITY-ST-ZIP				-ST-ZIP	100	112			
TITLE		☐ Delete	TITLE	:	11/2	11		☐ Change	Addition
NAME Street Address			NAME STREE	e Et address	W.				
CITY-ST-ZIP				-ST-ZIP	12				
TITLE NAME		☐ Delete	TITLE	t				Change	Addition
STREET ADDRESS			E .	et aodress					
CITY-ST-ZIP	- with the same of	ALC AND A STATE OF THE STATE OF		-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: Chor Syn Moss 4/20/05									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysine Phone #									