

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90009 017 \*\*\*\*50.00

DOCUMENT # L05000008858			
1. Entity Name GLENCOVE REALTY LLC			
Principal Place of Business 5202 GLENCOVE LANE WEST PALM BEACH, FL 33415 US		Mailing Address PO BOX 212272 WEST PALM BEACH, FL 33421 US	
2. Principal Place of Business 8260 St. Johns Ct. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Wellington, FL 33414		City & State	
Zip 33414		Country US	
4. FEI Number 20-2250655		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, CHRISTOPHER T 5202 GLENCOVE LANE WEST PALM BEACH, FL, FL 33415 8260 St. Johns Ct. Wellington, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8260 St. Johns Ct. City Wellington FL Zip Code 33414	
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 _____		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, CHRISTOPHER T 5202 GLENCOVE LANE WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8260 St. Johns Ct. Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: _____		Date: 4/24/06 561-236-0850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	