2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# L05000010400

Entity Name: GLYPS 903, LLC

Current Principal Place of Business:

76 NICOLE LOOP
STATEN ISLAND, NY 10301

New Principal Place of Business:

Current Mailing Address:

76 NICOLE LOOP
STATEN ISLAND, NY 10301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPIR, LUBA
16400 COLLINS AVE
2046
SUNNY ISLES, FL 33160 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: MGR ( ) Delete
Name: SAPIR, LUBA
Address: 76 NICOLE LOOP
City-St-Zip: STATEN ISLAND, NY 10301

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PARRIS, NATALIA
Address: 16400 COLLINS AVE #2046
City-St-Zip: SUNNY ISLES, FL 33160

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: NATALIA PARRIS MGR 03/03/2006

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