## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014524

City-St-Zip:

Entity Name: DON GLEN ENTERPRISES LLC

FILED Jan 10, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2785 GOLFLAKE DR 2785 GOLF LAKE DR PLANT CITY, FL 33566 PLANT CITY, FL 33566 **Current Mailing Address: New Mailing Address:** 2785 GOLFLAKE DR 2785 GOLF LAKE DR PLANT CITY, FL 33566 PLANT CITY, FL 33566 FEI Number: 20-2236255 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GLENN, JEANETTE GLENN, JEANETTE 2785 GÓLFLAKE DR 2785 GÓLF LAKE DR PLANT CITY, FL 33566 US PLANT CITY, FL 33566 US 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: 01/10/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GLENN, JEANÉTTE Name: Name: Address: 2785 GOLF LAKE DR. Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: GLENN, AMY Name: Address: 2785 GOLF LAKE DR. Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: () Delete Title: MGRM ( ) Change (X) Addition Name: GLENN, DALE Name: 2785 GOLF LAKE DR Address: Address:

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.

City-St-Zip:

PLANT CITY, FL 33566

SIGNATURE: JEANETTE GLENN **MGMR** 01/10/2007