

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014524

FILED
Jan 15, 2008
Secretary of State

Entity Name: DON GLEN ENTERPRISES LLC

Current Principal Place of Business:

9927 KILLDEER LANE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

9927 KILLDEER LANE
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 20-2236255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

GLENN, JEANETTE E MGRM
9927 KILLDEER LANE
LAKELAND, FL 33810 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: JEANETTE GLENN

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLENN, JEANETTE
Address: 9927 KILLDEER LANE
City-St-Zip: LAKELAND, FL 33810

Title: MGRM () Delete
Name: GLENN, AMY
Address: 9927 KILLDEER LANE
City-St-Zip: LAKELAND, FL 33810

Title: MGRM () Delete
Name: GLENN, DALE
Address: 9927 KILLDEER LANE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEANETTE GLENN

MGRM

01/15/2008

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