

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000020872

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** GLEE HERITAGE ACRES, LLC

**Current Principal Place of Business:**

181 NW ST. LUKE CHURCH LOOP  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

181 NW ST. LUKE CHURCH LOOP  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 30-0302215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, VERDELL G  
4200 ELDER COURT  
TALLAHASSEE, FL 32303 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:** MGRM  
**Name:** MOBLEY, EVELYN C  
**Address:** 4009 W. ARCH STREET  
**City-St-Zip:** TAMPA, FL 33607

**Title:** MGRM  
**Name:** DEMPS, LUEVA  
**Address:** 213 W. WALNUT STREET  
**City-St-Zip:** PERRY, FL 32348

**Title:** MGRM  
**Name:** GLEE, ROSE  
**Address:** 6755 LANDOVER CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** MGRM  
**Name:** LEWIS, VERDELL G  
**Address:** 4200 ELDER COURT  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** MGRM  
**Name:** GLEE, ULYSSES JR  
**Address:** 720 CAPITAL SQUARE PLACE SW  
**City-St-Zip:** WASHINGTON, DC 20024

I hereby 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:** VERDELL G. LEWIS

MGRM

03/05/2010

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