## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Apr 23, 2007 08:00 All Secretary of State DOCUMENT # L05000030672 GLORIA RICH PROPERTIES, LLC Principal Place of Business Mailing Addross 6635 TRIDENT WAY 6635 TRIDENT WAY NAPLES FL 34108 NAPLES FL 34108 . C Section and the contract of the section of the 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2617886 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo RICH, GLORIA Stroot Address (P.O. Box Number is Not Acceptable) 6635 TRIDENT WAY NAPLES FL 34108 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS HILE HILE MGR Delete Change Addition NAME NAME RICH, GLORIA STREET ADDRESS STREET ADDRESS 6635 TRIDENT WAY CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34108 Change IIILE ☐ Delete IIIU: Addition: NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME -- U00000724628-STREET ADDRESS STREET ADDRESS 05/02/07-80118-018 50.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delcle NAME NAME STRUET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Maddition | TITLE Delete HILL NAME NAME STRUET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-ST-ZIP ☐ Addition ME ☐ Delete me NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; that I am a managing member or manager of the limited tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.