



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90081 027 ****50.00

DOCUMENT # L05000056111					
1. Entity Name GLEE DEVELOPMENT COMPANY, LLC					
Principal Place of Business 208 MARY ESTHER BLVD MARY ESTHER, FL 32569 US			Mailing Address 208 MARY ESTHER BLVD MARY ESTHER, FL 32569 US		
2. Principal Place of Business 1424 John Steinbeck Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State NICEVILLE, FL		City & State		4. FEI Number 20-3251227	
Zip 32578		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAIBLE, GLENN D 3023 LICHEN BARTLETT, TN 38134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAIBLE, LORA L 3023 LICHEN BARTLETT, TN 38134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAIBLE, LORA L 3023 LICHEN BARTLETT, TN 38134	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAIBLE, LORA L 3023 LICHEN BARTLETT, TN 38134	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <u>Rora Lee Schaible</u> <u>mgrm</u> <u>7.10.06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					