2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90027 021 ***138.75

DOCUMENT # L05000058561

1. Entity Name
GLACIER VISTAS, LLC

UUUUJ4UU

Principal Place of Business	Mailing Address
219 WORTH AVENUE PALM BEACH, FL 33480	219 WORTH AVENUE PALM BEACH, FL 33480

07292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
219 Worth Avenue Palm Beach, FL 33480	PO Box 2374 Palm Beach, FL 33480
County of Palm Beach	County of Palm Beach
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOFFPAUER, PAMELA S 219 WORTH AVENUE PALM BEACH, FL 33480	Name: Pamela H Gottfried Street Addr: 219 Worth Avenue Palm Beach, FL 33480 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 [signature] 8/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☑ Delete	TITLE	MGRM	☐ Change ☑ Addition
NAME	HOFFPAUER, PAMELA		NAME	Gottfried, Pamela	
STREET ADDRESS	219 WORTH AVENUE		STREET ADDRESS	PO Box 2374	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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: [signature] 8/7/08 (561) 371 5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #