

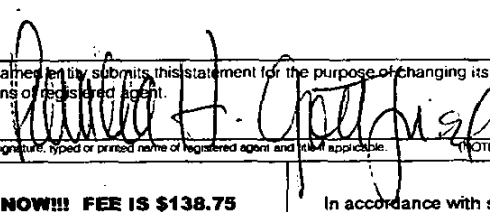
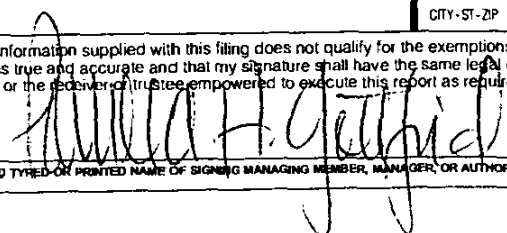
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-11-2008 90027 021 ***138.75

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DOCUMENT # L05000058561			
1. Entity Name GLACIER VISTAS, LLC			
Principal Place of Business 219 WORTH AVENUE PALM BEACH, FL 33480		Mailing Address 219 WORTH AVENUE PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box # 219 Worth Avenue Palm Beach, FL 33480		3. Mailing Address 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 HOFFPAUER, PAMELA S 219 WORTH AVENUE PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Pamela H Gottfried 219 Worth Avenue Palm Beach, FL 33480	
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.		DATE 8/7/08	
SIGNATURE 			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFPAUER, PAMELA 219 WORTH AVENUE PALM BEACH, FL 33480 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gottfried, Pamela PO Box 2374 Palm Beach, FL 33480 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 8/7/08 (561) 371 5700	