

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-06-2006 90300 033 ****50.00

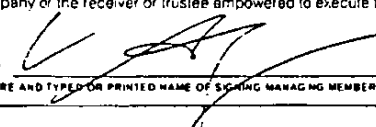
DOCUMENT # L05000067269 1. Filing Name GLO INVESTMENTS, LLC					
Principal Place of Business: 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431			Mailing Address: 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DAVID J. POWERS, P.A. 7777 GLADES ROAD, STE. 300 BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name: Street Address: City: FL		
8. The above named entity submits this statement for the purpose of compliance with the provisions of Chapter 605, Florida Statutes, and the obligations of registered agent.					
SIGNATURE: _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM Greenfield, William R 2300 Glades Rd, Ste 100E Boca Raton, FL 33431				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Direct				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Indirect				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Direct				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Indirect				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Direct				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Indirect				
10.					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Direct				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Indirect				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Direct				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Indirect				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 605, Florida Statutes. The person who signs this report is the owner, member, or authorized representative of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.					
SIGNATURE: William R. Greenfield 3/23/06 561-392-6662 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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4/6/2006-90300-033-\$50.00-\$50.00

ATTACHMENT

30009470

DOCUMENT # L05000067269					
1. Entity Name GLO INVESTMENTS, LLC					
Principal Place of Business 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc			State, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	01162006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3113299				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID J. POWERS, P.A. 7777 GLADES ROAD, STE. 300 BOCA RATON, FL 33434			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 _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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: 			William R. Greenfield 3/23/06 561-392-6662		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					