


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Mar 27, 2007 8:00 am
Secretary of State

03-13-2007 90122 026 ****50.00

DOCUMENT # L05000082675 1. Entity Name GLEN HQ, LLC	
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Principal Place of Business 5773 NORMANDY BLVD JACKSONVILLE, FL 32205	Mailing Address 5773 NORMANDY BLVD JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0678466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, DONALD M JR
5773 NORMANDY BLVD
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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: *Donald M. Johnson* (NOTE: Registered Agent signature required when reappointing) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JOHNS, ARNOLD J 5773 NORMANDY BLVD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JOHNSON, DONALD M JR 5773 NORMANDY BLVD JACKSONVILLE, FL 32205
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IN THIS SPACE**

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: *Donald M. Johnson* DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE