

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106281

Entity Name: GLM, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

6767 HOFFNER ROAD
ORLANDO, FL 328223402

New Principal Place of Business:

Current Mailing Address:

6767 HOFFNER ROAD
ORLANDO, FL 328223402

New Mailing Address:

FEI Number: 02-0756947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAGNE, MICHAEL
6767 HOFFNER ROAD
ORLANDO, FL 328223402 US

Name and Address of New Registered Agent:

LAMBERT, LYNNEN L
724 CAVE HOLLOW LANE
ORLANDO, FL 32828 US

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.

SIGNATURE: LYNNEN L LAMBERT

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAGNE, MICHAEL
Address: 6767 HOFFNER ROAD
City-St-Zip: ORLANDO, FL 328223402

Title: MGRM () Delete
Name: LAMBERT, LYNNEN L
Address: 6767 HOFFNER ROAD
City-St-Zip: ORLANDO, FL 328223402

Title: MGRM () Delete
Name: MEYERS, LARRY J
Address: 6767 HOFFNER ROAD
City-St-Zip: ORLANDO, FL 328223402

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNNEN L LAMBERT

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date