2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000106281

1. Entity Name
GLM, LLC

Principal Place of Business	Mailing Address
6767 HOFFNER ROAD ORLANDO, FL 32822-3402	6767 HOFFNER ROAD ORLANDO, FL 32822-3402

02092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0756947
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAGNE, MICHAEL
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	MGRM
NAME	LAMBERT, LYNNEN L
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	MGRM
NAME	MEYERS, LARRY J
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80095-009 50.00

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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: Michael Gagne 2/16/07 407 832 4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #