


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000112128 1. Entity Name BISANZ GLENVIEW, LLC	
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Principal Place of Business 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103	Mailing Address 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103
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01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3820263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BISANZ, THOMAS L 4600 FIRESTONE DRIVE FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NICHOLSON, SUSAN M 1805 GUILFORD LANE OKLAHOMA CITY, OK 73120
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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: <u><i>Thomas L. Bisanz</i></u> <u>2/11/07</u> <u><i>Susan M. Nicholson</i></u> <u>2/16/07</u> <u>972-624-5644</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>