


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-19-2007 90026 006 ****50.00

DOCUMENT # L06000001949 1. Entity Name GLI WINTER PARK, LLC			
Principal Place of Business 2479 ALOMA AVENUE WINTER PARK, FL 32792		Mailing Address 2479 ALOMA AVENUE WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box # 400 W. Morse Blvd Suite, Apt. #, etc. Ste 101 City & State Winter Park, FL Zip 32789 Country		3. Mailing Address P.O. Box 1748 Suite, Apt. #, etc. City & State Winter Park, FL Zip 32790 Country	
4. FEI Number 20-4086639		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04042007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MCMULLEN, JACK K 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Joseph J. Gardner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Joseph J. Gardner		Date: <u>4-10-07</u> <small>Date Daytime Phone #</small>	

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