

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 046 ****50.00

DOCUMENT # L06000013819 1. Entity Name GLENN REDMOND, LLC																																							
Principal Place of Business 275 LEWIS CIR. PUNTA GORDA, FL 33950		Mailing Address 275 LEWIS CIR. PUNTA GORDA, FL 33950																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																					
Suite, Apt. #, etc. 711 W. OLYMPIA AVE		Suite, Apt. #, etc. 711 W. OLYMPIA AVE																																					
City & State PUNTA GORDA		City & State PUNTA GORDA																																					
Zip 33950		Zip 33950																																					
Country U.S.A.		Country U.S.A.																																					
4. FEI Number 04052007		Chg-LLC CR2E083 (12/06)																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent REDMOND, GLENN 275 LEWIS CIR. PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name GLENN REDMOND Street Address (P.O. Box Number is Not Acceptable) 711 W. OLYMPIA AVE City PUNTA GORDA FL Zip Code 33950																																					
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 X G. A. Redmond <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>																	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> Glenn REDMOND, MGMT Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 711 W. OLYMPIA AVE PUNTA GORDA FL 33950 </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glenn REDMOND, MGMT Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 711 W. OLYMPIA AVE PUNTA GORDA FL 33950																
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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: X G. A. Redmond 04 27 07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																							