

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028450

FILED
Apr 20, 2007
Secretary of State

Entity Name: GLADES REAL ESTATE PARTNERS, LLC

Current Principal Place of Business:

1663 S.W. 132ND WAY
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

1663 S.W. 132ND WAY
DAVIE, FL 33325

New Mailing Address:

FEI Number: 20-4535021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVER, PAUL P.A.
2731 EXECUTIVE PARK DRIVE, STE. 7
WESTON, FL 33331 US

Name and Address of New Registered Agent:

FORD, BRIAN W
1663 SW 132ND WAY
DAVIE, FL 33325 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: BRIAN FORD

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORD, BRIAN W
Address: 1663 S.W. 132ND WAY
City-St-Zip: DAVIE, FL 33325

Title: MGR () Delete
Name: THOMPSON, KIRK
Address: 1663 S.W. 132ND WAY
City-St-Zip: DAVIE, FL 33325

Title: MGR () Delete
Name: FORD, ELIZABETH A
Address: 1663 S.W. 132ND WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: THOMPSON, KIRK
Address: 5031 NW 113TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

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: BRIAN FORD

MR

04/20/2007

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