2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-26-2007 90033 019 ****50.00
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FILED
07 MAY 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000033739

1. Entity Name
GLEMIN DEVELOPMENT LLC

Principal Place of Business	Mailing Address
18206 COLLINS AVE SUNNY ISLES, FL 33160	18206 COLLINS AVE SUNNY ISLES, FL 33160

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9577 Harding Ave.	9577 Harding Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside, Fl	City & State: Surfside, Fl
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number 20-8276604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLEIZER, HERNAN
18206 COLLINS AVE
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name Gleizer, Hernan
Street Address (P.O. Box Number is Not Acceptable)
9577 Harding Ave
City Surfside FL Zip Code 33154

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

Filing Fee is $50.00 Due by May 1, 2007

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEIZER, HERNAN 18206 COLLINS AVE SUNNY ISLES, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gleizer, Hernan 9577 HARDING AVE SURFSIDE, FL 33154	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINOR, ALVARO 18206 COLLINS AVE SUNNY ISLES, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Minor, Alvaro 9577 HARDING AVE SURFSIDE, FL 33154	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #