
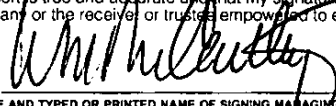


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 018 ***138.75

DOCUMENT # L06000038202 1. Entity Name MCGLENN DON ENTERPRISES, LLC			
Principal Place of Business 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431		Mailing Address 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 2298 N.W. 2ND AVE Suite, Apt. #, etc. SUITE 15 City & State BOCA RATON FL Zip 33431		3. Mailing Address 2298 NW 2ND AVE Suite, Apt. #, etc. SUITE 15 City & State BOCA RATON FL Zip 33431	
4. FEI Number 51-0578569		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, WILLIAM ESQ. 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2298 NW 2ND AVENUE, SUITE 15 City BOCA RATON FL Zip Code 33431	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELEON, HENRY 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2298 NW 2ND AVENUE, STE 15 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZER, GLENN 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2298 NW 2ND AVENUE, STE 15 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, DAVID B 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2298 NW 2ND AVENUE, STE 15 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCARTHY, WILLIAM 2263 N.W. 2ND AVENUE, STE. 211 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2298 NW 2ND AVENUE, STE. 15 BOCA RATON FL 33431
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
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: 		Date April 28, 2008 Seal-347-7477	