

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90114 043 \*\*\*138.75

<b>DOCUMENT # L06000059319</b> 1. Entity Name <b>GLE LANDSCAPE DESIGN, LLC</b>					
Principal Place of Business <b>2647 PADDOCK CIRCLE</b> <b>CRESTVIEW, FL 32536 US</b>			Mailing Address <b>2647 PADDOCK CIRCLE</b> <b>CRESTVIEW, FL 32536 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>20-5059405</b>				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  <b>ALLEN, GEORGE B JR</b> (MGRM) 4-18-08 <b>2647 PADDOCK CIRCLE</b> <b>CRESTVIEW, FL 32536</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PAYTON, BRUCE W</b> <b>2399 BARBEREE DR</b> <b>CRESTVIEW, FL 32536</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>ALLEN, GEORGE B. JR</b> <b>2647 PADDOCK CIRCLE</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4-18-08
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
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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: <u>George B. Allen Jr</u> (MGRM) 4-18-08 <b>21 MARCH 2008</b> (850) 758-6152					