## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000059531

Entity Name: GLENVILLE FIVE, LLC

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

833 COUNTY CLUB DRIVE HIGHLANDS, NC 28741

Current Mailing Address: New Mailing Address:

833 COUNTY CLUB DRIVE HIGHLANDS, NC 28741

FEI Number: 20-5037412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOUPPE, BYRON C JR. 6500 SUNSET WAY #415

ST. PETERSBURG BEACH, FL 33706 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:

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: ( ) Change (X) Addition () Delete BOND, WILLIAM JR MGR Name: Name: Address: Address: 833 COUNTRY CLUB DRIVE City-St-Zip: City-St-Zip: HIGHLANDS, NC 28741 US ( ) Change (X) Addition Title: Title: MGR ( ) Delete Name: Name: EVANS, JIMMY E MGR Address: Address: 833 COUNTRY CLUB DRIVE City-St-Zip: City-St-Zip: HIGHLANDS, NC 28741 US Title: () Delete Title: MGR ( ) Change (X) Addition GINN, SHANNON R MGR Name: Name: 833 COUNTRY CLUB DRIVE Address: Address: City-St-Zip: City-St-Zip: HIGHLANDS, NC 28741 US Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: LARGAY, CHARLIE E MGR 833 COUNTRY CLUB DRIVE Address: Address: City-St-Zip: City-St-Zip: HIGHLANDS, NC 28741 US Title: () Delete Title: ( ) Change (X) Addition MAHAFFEY, MARK T MGR Name: Name: 833 COUNTRY CLUB DRIVE Address: Address: HIGHLANDS, NC 28741 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SHOUPPE, BYRON JR C MGR Name: Name: Address: Address: 833 COUNTRY CLUB DRIVE HIGHLANDS, NC 28741 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BYRON C SHOUPPE JR MGR 05/03/2007