

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059531

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GLENVILLE FIVE, LLC

## Current Principal Place of Business:

833 COUNTY CLUB DRIVE  
HIGHLANDS, NC 28741

## New Principal Place of Business:

## Current Mailing Address:

833 COUNTY CLUB DRIVE  
HIGHLANDS, NC 28741

## New Mailing Address:

FEI Number: 20-5037412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOUPPE, BYRON C JR.  
400 BEACH DR NE APT 902  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: BOND, WILLIAM JR MGR  
Address: 833 COUNTRY CLUB DRIVE  
City-St-Zip: HIGHLANDS, NC 28741 US

Title: MGR ( ) Delete  
Name: EVANS, JIMMY E MGR  
Address: 833 COUNTRY CLUB DRIVE  
City-St-Zip: HIGHLANDS, NC 28741 US

Title: MGR ( ) Delete  
Name: GINN, SHANNON R MGR  
Address: 833 COUNTRY CLUB DRIVE  
City-St-Zip: HIGHLANDS, NC 28741 US

Title: MGR ( ) Delete  
Name: LARGAY, CHARLIE E MGR  
Address: 833 COUNTRY CLUB DRIVE  
City-St-Zip: HIGHLANDS, NC 28741 US

Title: MGR ( ) Delete  
Name: MAHAFFEY, MARK T MGR  
Address: 833 COUNTRY CLUB DRIVE  
City-St-Zip: HIGHLANDS, NC 28741 US

Title: MGR ( ) Delete  
Name: SHOUPPE, BYRON JR C MGR  
Address: 833 COUNTRY CLUB DRIVE  
City-St-Zip: HIGHLANDS, NC 28741 US

## ADDITIONS/CHANGES:

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

04/14/2009

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