2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # L06000062157 1. Entity Name 02-15-2007 90278 014 ****55.00 GLO PROPERTIES LLC Principal Place of Business Mailing Address 9013 69TH AVENUE EAST PALMETTO FL 34221 9013 69TH AVENUE EAST PALMETTO FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross BoX Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) ALMETTO, City & State Applied For -0773631 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLDJA, GEORGE D Street Address (P.O. Box. Number is Not Acceptable) 9013 69TH AVENUE EAST PALMETTO FL 34221 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR THEF THUE Delete Change ☐ Addition SAME NAM NAME OLDJA, GEORGE D STREET ADDRESS STREET ADDRESS 9013 69TH AVENUE EAST. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 MU MGRM ☐ Delete **X** Change TITLE Addition OLDJA GABRÍEZ NAME NAME OLDJA, GABRIEL S GOTH AVE. EAST STREET ADDRESS 6172 BOBBY JONES COURT STREET ADDRESS CHY-SI-ZIP PALMETTO FL 34221 CITY-S1-ZIP ☐ Delete TITLE Change ☐ Addition **MGRM** OLDJA, DANIEL I STREET ADDRESS STREE1 ADDRESS 6180 BOBBY JONES COURT CITY - ST - 7IP CHY ST-ZIP PALMETTO FL 34221 THE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-S1-7/P TOTAL □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE Change ■ Addition NAME STRUET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE**

FILED