
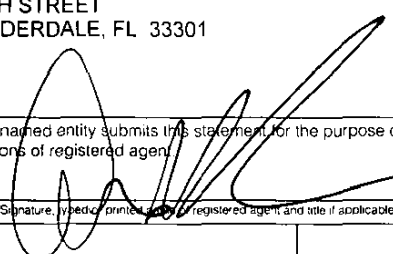
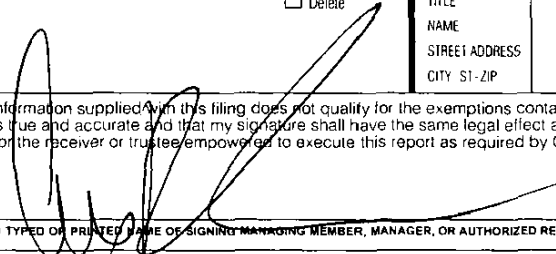


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

04-25-2007 90040 028 ****50.00

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| | | | |
|--|---|--|---|
| DOCUMENT # L06000067948 1. Entity Name GLENN WRIGHT HOMES REALTY, LLC | |  | |
| Principal Place of Business 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 | | Mailing Address 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 | |
| 2. Principal Place of Business - No P.O. Box 1212 E Broward Blvd. | | 3. Mailing Address 1212 E Broward Blvd. | |
| Suite, Apt. #, etc. 300 | | Suite, Apt. #, etc. 300 | |
| City & State Ft. Lauderdale FL | | City & State Ft. Lauderdale, FL | |
| Zip 33301 | | Zip 33301 | |
| Country FL | | Country FL | |
| FFL Number 20-5189138 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RICHARDSON, GEX 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box number is Not Acceptable) 1212 E Broward Blvd #300 City Ft. Lauderdale FL Zip 33301 | |
| 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  | | DATE 8-1-2007 | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WRIGHT, GLENN B JR 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WRIGHT, PATRICIA K 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RICHARDSON, GEX F 1212 EAST BROWARD BLVD., SUITE 300 FORT LAUDERDALE, FL 33301 | 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 |
| 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 8-1-2007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # 761-3472 | |