


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90133 046 ****55.00

DOCUMENT # L06000099527			
1. Entity Name WEKIVA GLEN HOLDINGS, LLC			
Principal Place of Business 723 BROOK FOREST COURT APOKA, FL 32712 US		Mailing Address 723 BROOK FOREST COURT APOKA, FL 32712 US	
2. Principal Place of Business - No P.O. Box # 723 BROOK FOREST COURT		3. Mailing Address 723 BROOK FOREST COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State APOKA, FL		City & State APOKA, FL	
Zip 32712	Country US	Zip 32712	Country US
6. Name and Address of Current Registered Agent BERNTSEN, BEATE 723 BROOK FOREST COURT APOKA, FL 32712		7. Name and Address of New Registered Agent Name BERNTSEN, BEATE Street Address (P.O. Box Number is Not Acceptable) 723 BROOK FOREST COURT City APOKA FL Zip Code 32712	
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 <u><i>Beate Berntsen</i></u> DATE <u><i>3/8/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR WEKIVA GLEN GROUP, INC. 1509 GREEN MOUNTAIN DRIVE LITTLE ROCK, AR 72211 <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><i>Michael R Berntsen</i></u> <i>Vice President</i> 3/8/07 407-353 0688 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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4. FEI Number **20-5699040** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required