


## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000106643</b> 1. Entity Name GLADES-ST. ANDREWS-ONE, LLC	
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FILED  
08 MAR 21 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 215 N. FEDERAL HWY BOCA RATON, FL 33432	Mailing Address 215 N. FEDERAL HWY BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

03032008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES  
215 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

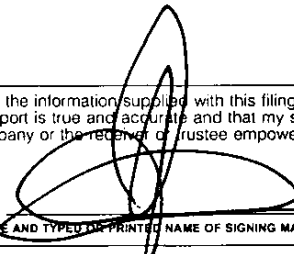
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BATMASIAN, JAMES
STREET ADDRESS	215 N. FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	02/21
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
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500120970075  
03/24/08--01002--003 \*\*\$456.25

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 606, Florida Statutes.

SIGNATURE:  \_\_\_\_\_ Date: 03/06/08 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE