


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

06-29-2007 90025 002 ****50.00

DOCUMENT # L06000106669	
1. Entity Name GLADES-ST. ANDREWS-TWO, LLC	

Principal Place of Business 2499 GLADES ROAD BOCA RATON, FL 33431	Mailing Address 2499 GLADES ROAD BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 215 N Federal Hwy	3. Mailing Address 215 N Federal Hwy
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1

City & State Boca Raton, Florida	City & State Boca Raton, FL
Zip 33432	Zip 33432
Country U.S.A	Country U.S.A



06272007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent KRALL, MARK L 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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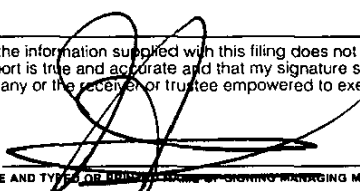
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent James Batmasian 215 N Federal Hwy #1 Boca Raton FL 33432	
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8. The 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 6/28/07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATAPOW, STEPHEN D 2300 BUFFALO ROAD- BLDG 100-D ROCHESTER, NY 14624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM James Batmasian 215 N Federal Hwy, #1 Boca Raton, Florida 33432 <input checked="" 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
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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: 6/28/07