
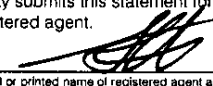
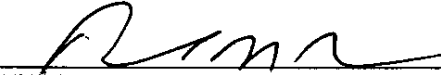


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90036 009 \*\*\*138.75

|  |  |         |   |  |  |
|--|--|---------|---|--|--|
| <b>DOCUMENT # L07000021197</b><br>1. Entity Name<br><b>GLH ENGINEERING, LLC</b>  |  |         |   |   |  |
| Principal Place of Business<br><b>1600 SAWGRASS CORPORATE PARKWAY<br/>STE 300 230<br/>SUNRISE, FL 33323</b>  |  |         | Mailing Address<br><b>1600 SAWGRASS CORPORATE PARKWAY<br/>STE 300 230<br/>SUNRISE, FL 33323</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  |         | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |  |         | Suite, Apt. #, etc.   |  |  |
| City & State   |  |         | City & State  |  |  |
| Zip  |  | Country |   | Zip  |  |
| Country  |  | Country |   | 4. FEI Number<br><b>20-8498098</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |         |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HELFMAN, ESQ., STEVEN M<br/>1600 SAWGRASS CORPORATE PARKWAY<br/>STE 300 Suite 230<br/>SUNRISE, FL 33323</b>  |  |         |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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.<br><br>SIGNATURE  DATE <b>4/27/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |         | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |         | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ELSNER, RICHARD E<br>1600 SAWGRASS CORPORATE PARKWAY<br>SUNRISE, FL 33323 |         | <input type="checkbox"/> Delete   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | <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.           |  |         |   |  |  |
| <b>SIGNATURE:</b>  <b>RICHARD M. NEWMARK</b> <b>4/28/08</b> <b>(954) 753-1730</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |         |   |  |  |

**60037568**



04092008 Chg-LLC CR2E083 (12/06)