2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L07000021220

Entity Name: GLOVER PROPERTIES, LLC

Current Principal Place of Business:

152 BAYWOOD AVENUE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

152 BAYWOOD AVENUE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-8523176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THIBAULT, DAVID
152 BAYWOOD AVENUE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LAMPHERE, LAURENCE
152 BAYWOOD AVENUE
LONGWOOD, FL 32750 US

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.

SIGNATURE: LAURENCE LAMPHERE 03/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: THIBAULT, DAVID
Address: 152 BAYWOOD AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: LAMPHERE, LAURENCE
Address: 152 BAYWOOD AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: SAVAGE, ADAM
Address: 152 BAYWOOD AVENUE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURENCE LAMPHERE MGRM 03/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date