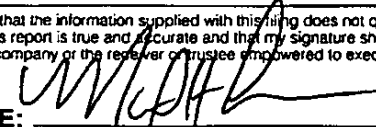


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

01-22-2008 90125 007 ***138.75

DOCUMENT # L07000077539			
1. Entity Name GLENN SHORES, LLC			
Principal Place of Business 501 COMMENDENCIA STREET PENSACOLA, FL 32502		Mailing Address 501 COMMENDENCIA STREET PENSACOLA, FL 32502	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 57 Whiting Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wellesley, MA	
Zip	Country	Zip 02481	Country
6. Name and Address of Current Registered Agent BEGGS & LANE, A REGISTERED LIMITED LIABILITY 501 COMMENDENCIA STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Martin Levin 57 Whiting Rd Wellesley, MA 02481 Managing Member	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		1-14-08 850-435-7123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002004



01122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0748317

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