

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000118759	
1. Entity Name GLENBROOK COMMONS FLA, LLC	



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 AM 9:41

Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143	Mailing Address C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143
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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

03172008 Chg-LLC CR2E083 (12/06)

4. FEI Number	L.	<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSE, ELLEN C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVE., SUITE 2950 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	MGR GERALD M. HIGIER 1541 SUNSET DR SUITE 300 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000128891270 05/09/08--01006--007 **338.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARG BOUCHER 1541 SUNSET DRIVE SUITE 300 CORAL GABLES FL 33143 <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	MGR TODD LEVINE 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143 <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	MGR JEFF SCOTT 1541 SUNSET DRIVE SUITE 300 CORAL GABLES FL 33143 <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

B. Tacklock JUN 18 2008

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: <i>Gerald M. Higier</i>	4/15/08	305-666-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #