


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90427 009 \*\*\*\*50.00

<b>DOCUMENT # L98000001449</b>	
1. Entity Name GLENSHORE, L.L.C.	

Principal Place of Business 222 LAKEVIEW AVENUE, PENTHOUSE #5 WEST PALM BEACH, FL 33401	Mailing Address 222 LAKEVIEW AVENUE, PENTHOUSE #5 WEST PALM BEACH, FL 33401
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04034473

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03092004 Chg-LLC CR2E083 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-0857665	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WHITE, WILTON L ESQ. 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name <u>Caclos Morrison</u> Street Address (P.O. Box Number is Not Acceptable) <u>222 Lakeview Avenue PH 5</u> City <u>West Palm Beach</u> FL Zip Code <u>33401</u>	
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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 <u>Caclos Morrison</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>3-9-2004</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	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 MORRISON, PEDRO G <input checked="" type="checkbox"/> Delete 222 LAKEVIEW AVENUE, PENTHOUSE #5 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caclos Morrison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 222 Lakeview Ave PH 5 West Palm Beach FL 33401
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Caclos Morrison</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>3-9-2004</u>	Daytime Phone # <u>(561) 832 6070</u>
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