

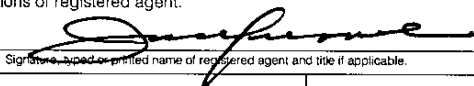
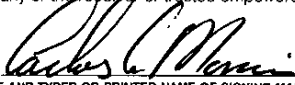


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 10: 26

DOCUMENT # L98000001449 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																										
2. Principal Place of Business 3720 S Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State West Palm Beach, FL		City & State 		4. FEI Number 65-0857665																									
Zip 33405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MORRISON, CARLOS 222 LAKEVIEW AVENUE PHS WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Joel P. Koepfel, Esquire Street Address (P.O. Box Number is Not Acceptable) 525 South Flagler Drive Suite 200 City West Palm Beach FL Zip Code 33401																									
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 5/4/05																									
Amended AR is \$50.00		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORRISON, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 LAKEVIEW AVENUE, PENTHOUSE #5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33401</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	MORRISON, CARLOS		STREET ADDRESS	222 LAKEVIEW AVENUE, PENTHOUSE #5		CITY-ST-ZIP	WEST PALM BEACH, FL 33401		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  CARLOS MORRISON 5-5-2005 561-832-6070																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													