

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90050 019 \*\*\*\*50.00

<b>DOCUMENT # L98000001449</b>					
<b>1. Entity Name</b> GLENSHORE, L.L.C.					
<b>Principal Place of Business</b> 3720 S DIXIE HWY WEST PALM BEACH, FL 33405			<b>Mailing Address</b> 222 LAKEVIEW AVENUE PENTHOUSE #5 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0857665	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KOEPPPEL, JOEL P ESQ 525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name <u>JOEL KOEPPPEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>222 LAKEVIEW AVE PH 5</u> City <u>West Palm Beach</u> <b>FL</b> Zip Code <u>33401</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRISON, CARLOS 222 LAKEVIEW AVENUE, PENTHOUSE #5 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <b>4/18/07</b> <b>561-832-6070</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					