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DOCUMENT # L9900002043  1. Entity Name GLENWOOD GARDENS, L.L.C.					FILED Wy/z/			
Principal Place of Business 1151 S.W. 156TH AVENUE PEMBROKE PINES FL 33027		Mailing Address 1151 S.W. 156TH AVENUE PEMBROKE PINES FL 33027-2234		SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal Place of Business		3. Mailing Address	3. Malling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. F61 Number 09/3900 Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired See Required \$5.00 Additional Fee Required			
	6. Name and Address of Curr	ent Registered Agent			~ 7Name and A	ddress of New Registere	d Agent	
DAKTAV CO.				Name				
1151 S.W. 156TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)			_	
	KE PINES FL 33027						· · · · · · · · · · · · · · · · · · ·	
				City	<del>-</del> -	F	Zíp Cod	е
SIGNATURE	Signature, typed or printed name of registered a	FILE	NOW!!!	ed Agent signature requi	) .	DATE		
9.	MANAGING ME		10.			ADDITIONS/CHANG		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAKTAV CO.	Deleta	YITE NAN STR	<u> </u>			Change	Addition
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11. I hereby indicate limited li	certify that the information supplied don this report is true and accurate a lability company or the receiver or in	with this filing does not qualify and that my signature shall have the empowered to eyecute the	for the exe ve the same is report as	emption stated in the legal effect as its required by Cha	Section 119.07(3)(i), made under oath; to pter 608, Florida Sta	Florida Statutes, I further on the I am a managing mem tutes.	certify that the in their or manage	nformation or of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**2000 UNIFORM BUSINESS REPORT (UBR)**