


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 048 ****50.00

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DOCUMENT # L99000002043	
1. Entity Name GLENWOOD GARDENS, L.L.C.	

Principal Place of Business 1151 S.W. 156TH AVENUE PEMBROKE PINES FL 33027	Mailing Address 1151 S.W. 156TH AVENUE PEMBROKE PINES FL 33027
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2. Principal Place of Business 11471 W. SAMPLE RD. SUITE #35 CORAL SPRINGS, FL 33065	3. Mailing Address 11471 W. SAMPLE RD. SUITE #35 CORAL SPRINGS, FL 33065
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☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent DAKTAV CO. 1151 S.W. 156TH AVENUE PEMBROKE PINES FL 33027	
CHANGE OF ADDRESS	

4. FEI Number 65-0913900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11471 W. SAMPLE RD SUITE 35 City CORAL SPRINGS FL Zip Code 33065	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAKTAV CO. 1151 S.W. 156TH AVENUE PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11471 W. SAMPLE RD, SUITE 35 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 2-11-03 Daytime Phone # 954-907-2633

CR2E083 (10/02)