## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008591

1. Entity Name M.D. GLENBROOK, LLC



Principal Place of Business

Mailing Address

1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406

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**FILED** Mar 10, 2004 08:00 AM Secretary of State



01232004 No Chg-LLC

CR2E083 (10/03)

Dayonie Phone #

| 4. FEI Number                    |  | Applied For       |  |
|----------------------------------|--|-------------------|--|
| 65-0973295                       |  | Not Applicable    |  |
| 5. Certificate of Status Desired |  | \$5.00 Additional |  |

6. Name and Address of Current Registered Agent

CARPENTER, HENRY B 564 N. SEMORAN BLVD. ORLANDO, FL 32807

SIGNATURE:

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

| SIGNATURE_  | Signature, typed or printed name of registered again and trie if approache.                | (NOTE: Registered Agent signature required when reinstating) | DATE      |  |  |
|---|--|--|-----------|--|--|
| Filing Fee is \$50.00<br>Due by May 1, 2004   |  | 000000083724<br>03/10/04-80050-022 50.00                     |           |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |  |           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CRY-ST-ZIP   | MGRM MEYER DEVELOPMENT, LLC 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406 |  |           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-DP   |  |  |           |  |  |
| THEE NAME STREET ADDRESS CITY-ST-ZIP  |  | DO   | NOT WRITE |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | HIS SPACE |  |  |
| TITLE NAME STREET ADDRESS CITY-51-ZIP   |  |  |           |  |  |
| title<br>Name<br>Street address<br>City-St-Zip  |  |  |           |  |  |
| 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 legial effect as if made under cath; that I am a managing member of manager of the limited liability company or tips-register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |  |  |           |  |  |

HORIZED REPRESENTATIVE

B. 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