2000	UNIFORM BUS	INESS REPU	KI	(UBH	<u> </u>					:
DOCUMENT # M9800000664 1. Entity Name GLW PROPERTIES, L.L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
GLW PROPERTIES, L.L.C.						OIVISION OF CORPORATIONS				
Principal Plac	e of Business	Mailing Address			00	MAR -3 /	月11:03			
440 ROYAL PALM WAY. SUITE 200 440 ROYAL PALM WAY. SU				0						
PALM BEACH	FL 33480	PALM BEACH FL 33480-41	142			1 1881861	I) 88 00 83 00 88 10 68 1	I 12 40 . 15 01 . C 011 .	81111 8181 1 68 1	
2. Principal P	lace of Business	3. Mailing Address								
505 S Suite, Apt.	Flagler Drive	505 S. Flagler Drive Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Suite 300		Suite 300								
City & State West Palm Beach, FL		City & State West Palm Beach, FL			4. FEIN	65-08	43335	No	plied For at Applicable	_
Zip Country 33401 USA		Zip Coun 33401 US		-			\$5.00 Add Fee Require			
	6. Name and Address of Current	Registered Agent		Name	7. Name	e and Address o	f New Registered	Agent	_	7
MILLER, J	IACQUELINE S				Idana (DO Dana)	Lumbor in Nest Ac-	- atable)			-
440 ROYAL PALM WAY, SUITE 200				Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive, Suite 300						
PALM BE	ACH FL 33480		Ļ					Zip Cod 33401		_
				Wést	$\begin{array}{ccc} \text{City} & & & \text{FL} & \begin{bmatrix} Z_1 \\ 3 \end{bmatrix} \\ \text{West Palm Beach} & & & \end{bmatrix}$				<u> </u>	4
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or	registered agent,	or both, in the Sta	te of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registere	d Agent signatui	e required when reinstati		DATE			
	, , , , , , , , , , , , , , , , , , , ,	======================================	-				<u> </u>			1
	 ;	Make Check Pa				17	J)16/0	ō		ļ
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADE	 ITIONS/CHANGE	S		_
TITLE	MGRM	☐ Delets	Delets TITLE					☐ Change	Addition	2E083 (9/99)
NAME STREET ADDRESS	GLW MEMBER, INC. 440 ROYAL PALM WAY, SUITE 2	00		ET ADDRESS	505 S. F	5 S. Flagler Drive, Suite 300				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY	-ST-ZIP	West Pal	m Beach,	PL 33401	Change		¬ œ
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STREET ADDRESS CITY-ST-ZIP				EY ADDRESS - ST- ZIP						
11. I hereby o	t certify that the information supplied with	this filing does not qualify for	the exe	mption state	ed in Section 119.0	07(3)(i), Florida S	tatutes. I further co	ertify that the in	nformation	1
indicated	on this report is true and accurate and billity company or the receiver or trustee	e empowered to execute this i	report as	s required b	y Chapter 608, Fic	rida Statutes.	з тпанаўшу теті	эегогттапад є	a Orale	
CICNAT	UDE. SKILLIN	URE REZUI	RE	D)	2/10 100	(5	61) 655-9!	500		
SIGNAT	SIGNATURE AND TYPED OR PRU	TENAME OF SIGNING M MAGING	MEMBER C	OR MANAGER	1. /50	Date		Daytime Phone #		