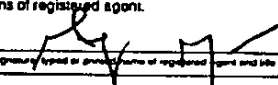
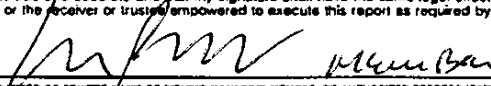


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 03, 2008 8:00 am
Secretary of State

02-28-2008 90102 038 ***138.75

DOCUMENT # M98000000664		
1. Entity Name GLW PROPERTIES, L.L.C.		
Principal Place of Business 3700 STATE ST., STE. 200 SANTA BARBARA, CA 93105		Mailing Address 3700 STATE ST., STE. 200 SANTA BARBARA, CA 93105
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent AVIS, WARREN E JR. 125 WORTH AVE., STE. 203 AVIS & AVIS, PA PALM BEACH, FL 33480		DO NOT WRITE IN THIS SPACE
9. 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:  DATE: _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
10. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM GLW MEMBER, INC. 125 WORTH AVE., STE. 203 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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 606, Florida Statutes. SIGNATURE:  DATE: 5/27/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		