2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007
Secretary of State

DOCUMENT# L03000015026

Entity Name: BOB'S GLASS LLC

Current Principal Place of Business:

240 HAMMOCK OAK CIRCLE
DEBARY, FL 32713

New Principal Place of Business:

1550 S. HWY 17-92
LONGWOOD, FL 32750

Current Mailing Address:

240 HAMMOCK OAK CIRCLE
DEBARY, FL 32713

New Mailing Address:

1550 S. HWY 17-92
LONGWOOD, FL 32750

FEI Number: 01-0780404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INMAN, RICHARD D
240 HAMMOCK OAK CIRCLE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: INMAN, RICHARD D MGR
Address: 240 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: INMAN, RICHARD D MGR
Address: 240 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713 US

Title: VP ( ) Change (X) Addition
Name: INMAN, SANDI
Address: 240 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDI INMAN VP 06/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date