



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000047264</b>	
1. Entity Name ARGEN GLASS L.L.C.	

Principal Place of Business 1150 N.W. 72ND AVENUE, SUITE 555 MIAMI, FL 33126	Mailing Address 1150 N.W. 72ND AVENUE, SUITE 555 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

	
01192008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-2846025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LUIS, JUAN C  
 6501 COWPEN RD  
 APT D207  
 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

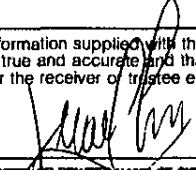
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000894534  
 04/24/08-80032-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIS, JUAN C 6501 COWPEN RD D207 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IBARRA, CRISTIAN G 6501 COWPEN RD APT D207 MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE:  JUAN C. LUIS Date: 4/10/08 Daytime Phone #: 786-343-4493

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #