

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004954

Entity Name: GLUE PRODUCT PLUS, LLC

FILED
Feb 11, 2004
Secretary of State

Current Principal Place of Business:

4015 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

4015 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0939209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, DOREEN M
4015 GEORGIA AVENUE
WEST PALM BEACH, FL 33405 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/MEMBERS:

Title: MGR () Delete
Name: HANSEN, CHARLES F JR
Address: 4015 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGR () Delete
Name: FELDNER, RONALD A
Address: 904 ROSE CT
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGR () Delete
Name: PIERCE, DOREEN
Address: 3454 PEBBLE BEACH DR
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: HANSEN, CHARLES F III
Address: 3725 ROYAL CYPRESS LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: LIQUORI, DIANE M
Address: 328 ELLAMER RD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOREEN PIERCE

MGR

02/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date