2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# L99000004954

Entity Name: GLUE PRODUCT PLUS, LLC

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:	MGR	(X) Change ( ) Addition
Name:	PIERCE, DOREEN	
Address:	1771 22ND AVENUE NORTH	
City-St-Zip:	LAKE WORTH, FL 33460	
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 03/22/2005

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