

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10:15

DOCUMENT # A04000002028
1. Entity Name
GLAZING MATERIALS, LTD.

Principal Place of Business: 1313 NW 4TH PLACE, GAINESVILLE FL 32603 US
Mailing Address: 1313 NW 4TH PLACE, GAINESVILLE FL 32603 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both principal and mailing addresses.

Barcode
1st MOORE CR2E003 (10/05)
4. FEI Number: AP-PLIED FOR
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, IRWIN
1313 NW 4TH PLACE
GAINESVILLE FL 32603

7. Name and Address of New Registered Agent
Name, Street Address, City, FL, Zip Code

B. 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: *[Signature]* DATE: 3/29/06

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000168919	STREET ADDRESS	
NAME	SHEA'S GLAZING PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1313 NW 4TH PLACE		
CITY-ST-ZIP	GAINESVILLE FL 32603		
DOCUMENT #		STREET ADDRESS	000072413670
NAME		CITY-ST-ZIP	04/27/06--01041--011 **1500.00
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CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* DATE: 4/28/06 PHONE: 352 372435

STAPLE CHECK HERE