
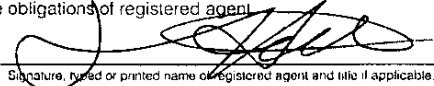
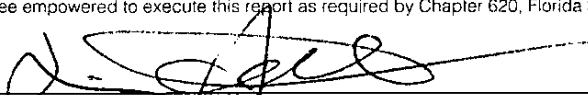


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number AP-PLIED FOR	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALL, IRWIN 1313 NW 4TH PLACE GAINESVILLE FL 32603				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 				DATE <u>3/29/06</u>	
Signature, typed or printed name of registered agent and title if applicable.					
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
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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: 				DATE <u>4/28/06</u> DAYTIME PHONE # <u>352 372435</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

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



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE