

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # B92000000051**

1. Entity Name  
GLORIA-GLASS L.P. LTD.



Principal Place of Business  
1230 PEACHTREE STREET, NW, SUITE 3100  
ATLANTA, GA 30309-3592

Mailing Address  
1230 PEACHTREE STREET, NW, SUITE 3100  
ATLANTA, GA 30309-3592



02012007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1567669</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #	F92000000681
NAME	GLORIA-GLASS-SPORTS-RESORTS, LTD.
STREET ADDRESS	1230 PEACHTREE ROAD N.E., SUITE 3100
CITY- ST- ZIP	ATLANTA, GA 303093592

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000626730  
02/15/07-80033-012 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/5/07 404-815-2359

STAPLE CHECK HERE