

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L00000002992****1. Entity Name**  
GLASS4LESS, L.L.C.

<b>Principal Place of Business</b> 7380 PHILIPS HIGHWAY, SUITE 401  JACKSONVILLE FL 32256	<b>Mailing Address</b> 7380 PHILIPS HIGHWAY, SUITE 401  JACKSONVILLE FL 32256
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<b>2. Principal Place of Business</b> 7380 PHILIPS HIGHWAY, SUITE 402	<b>3. Mailing Address</b> 7380 PHILIPS HIGHWAY, SUITE 402
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> JACKSONVILLE FL	<b>City &amp; State</b> JACKSONVILLE FL
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<b>Zip</b> 32256	<b>Country</b>	<b>Zip</b> 32256	<b>Country</b>
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<b>4. FEI Number</b> 59-3634410	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ANDERSON J. PATRICK  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE FL 32901 US**7. Name and Address of New Registered Agent**

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.****SIGNATURE** \_\_\_\_\_ **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> DOOLEY THOMAS 7380 PHILIPS HIGHWAY SUITE 401 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> NELSON ALAN L 7380 PHILIPS HIGHWAY SUITE 401 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> HOCKELBERG CRAIG C 7380 PHILIPS HIGHWAY SUITE 401 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**10. ADDITIONS / CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I hereby certify that the information supplied with this filing does not qualify 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 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:** Alan L. Nelson **MGR** **04/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)