## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## ANNUAL REPORT

DOCUMENT # L0000006092

1. Entity Name
CENTRAL AUTO GLASS CO. L.L.C.



Principal Place of Business

3313 OLEANDER AVE

UNIT 1

FORT PIERCE, FL 34982

Mailing Address

3313 OLEANDER AVE

UNIT 1

DO NOT WRITE IN THIS SPACE

FORT PIERCE, FL 34982

FILED Mar 30, 2006 08:00 AM Secretary of State



03222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3687045 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

RADEBAUGH, CUSHMAN 3313 OLEANDER AVE #1 FORT PIERCE, FL 34982

## 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

(NOTE, Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2008

9.	MANAGING MEMBERS/MANAGERS
TYTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADEBAUGH, CUSHMAN 3313 OLEANDER AVE 31 FORT PIERCE, FL 34982
TITLE MAME STREET AUDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THILE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME	

1100000485365 04/12/06-100076-024-50.00

DO NOT WRITE IN THIS SPACE

11. 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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING HANGING MENT

ER, OR AUTHORIZED REPRESENTATIVE

3-21-06 772464-710

Daytime Proce #