2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90064 025 ***138.75

DOCUMENT # L00000006092

1. Entity Name

CENTRAL AUTO GLASS CO. L.L.C.

Principal Place of Business	Mailing Address
3313 OLEANDER AVE UNIT 1 FORT PIERCE FL 34982	3313 OLEANDER AVE UNIT 1 FORT PIERCE FL 34982

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5440 Orange Ave.	5440 Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce FL	City & State: Ft. Pierce FL
Zip: 34947 Country: US	Zip: 34947 Country: US

4. FEI Number 59-3687045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Radebaugh, Cushman
Street Address (P.O. Box Number is Not Acceptable): 5440 Orange Ave.
City: Ft. Pierce FL Zip Code: 34947

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: X [signature] 01-25-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RADEBAUGH, CUSHMAN		NAME		
STREET ADDRESS	~~3313 OLEANDER AVE 31~~ 5440 Orange Ave.		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL ~~34982~~ 34947		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X [signature] 01-25-08 772-464-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Cushman S. Radebaugh III