

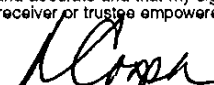


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000019791			
1. Entity Name GLASSTONE, L.L.C.			
Principal Place of Business 1555 PALM BEACH LAKES BLVD., SUITE 1100 STE 1100 WEST PALM BEACH, FL 33401		Mailing Address C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402	
DO NOT WRITE IN THIS SPACE			
		 02162007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 80-0024669	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ECCLESTONE, E. LLWYD JR. 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE U00000642274 03/01/07-80036-012 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLASSTONE OPERATING COMPANY 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, RON 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  RON COOPER EXECUTIVE VICE PRESIDENT		Date _____ Daytime Phone # _____	