

**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.	
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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
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**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0024669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

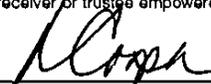
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
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	

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 03/01/07-80036-012 55.00

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **EXECUTIVE VICE PRESIDENT** Date \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_