## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000020200

4565 PHIPPS DR.

PORT ORANGE, FL 32219

Address:

City-St-Zip:

Entity Name: GLASS PROTECTION USA L.L.C.

FILED May 01, 2007 Secretary of State

| Current Principal Place of Business:        |   | New Principal Pl                            | New Principal Place of Business:                           |  |
|---|---|---|--|--|
| 4565 PHIPPS DR.<br>PORT ORANGE, FL 32129    |   | SUITE 425                                   | 4651 CHARLOTTE PARK DR<br>SUITE 425<br>CHARLOTTE, NC 28217 |  |
| Current Mailing Address:                    |   | New Mailing Add                             | New Mailing Address:                                       |  |
| SUITE 425                                   | RLOTTE PARK DRIVE<br>5<br>ITE, NC 28217   |   |  |  |
|   | : 80-0003062 FEI Number Applied For ( )<br>nce with s. 607.193(2)(b), F.S., the limited liability |   |  |  |
|   | d Address of Current Registered Agen  |   | ss of New Registered Agent:                                |  |
| FARESE,<br>4565 PHIP<br>PORT OR             |   |   |  |  |
|   | e named entity submits this statement for eof Florida.  | the purpose of changing its regis           | tered office or registered agent, or both                  |  |
| SIGNATUI                                    | RE:   |   |  |  |
|   | Electronic Signature of Registered  | d Agent                                     | Date   |  |
| MANAGING MEMBERS/MANAGERS:                  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES:   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM ( ) Delete<br>FARESE, MIGUEL L<br>4565 PHIPPS DR.<br>PORT ORANGE, FL 32219                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                                      |  |
| Title:<br>Name:                             | MGRM ( ) Delete<br>BABICOLA, GIUSEPPE   | Title:<br>Name:                             | ( ) Change ( ) Addition                                    |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIGUEL FARESE MGR 05/01/2007