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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED L03000007407

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000007407

1. Entity Name
GLASS ILLUSIONS LLC

Principal Place of Business	Mailing Address
1260 DELMAR LANE SUITE 1 NAPLES, FL 34104 US	1260 DELMAR LANE SUITE 1 NAPLES, FL 34104 US

34009196

MJH

04192004 Chg-LLC CR2E083 (10/03)

7/19

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 38-3674223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRIZZI, DARIN K
1260 DELMAR LANE
SUITE 1
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name: Darin Prizzi
Street Address (P.O. Box Number is Not Acceptable): 1260 Delman Lane
City: Naples FL Zip Code: 34104

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	A-Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Darin K. Prizzi	NAME	
STREET ADDRESS	1260 Delmar Lane, Ste 1	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34104	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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

04-05-2004 90028 046 *** 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Darin Prizzi 7-5-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #

Apr 06 04 07:44a