


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90090 015 ****50.00

DOCUMENT # L03000008054	
1. Entity Name TOMMY'S STAINED GLASS WORLD, LLC	

Principal Place of Business 13107 S.W. 68TH LANE MIAMI FL 33183	Mailing Address 13107 S.W. 68TH LANE MIAMI FL 33183
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2. Principal Place of Business 7294 SW 40th St. Suite, Apt. #, etc.	3. Mailing Address 7294 SW 40th St. Suite, Apt. #, etc.
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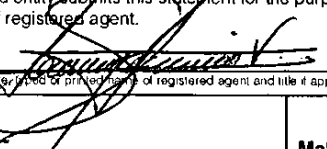
2nd MOORE CR2E083 (5/05)

City & State Miami, Florida	City & State Miami Florida
Zip 33155	Country USA
Zip 33155	Country USA

4. FEI Number 14-1872629	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 AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI FL 33131

7. Name and Address of New Registered Agent Name: TOMMY SOBERANIS Street Address (P.O. Box Number is Not Acceptable): 7294 S.W. 40 ST. City: MIAMI State: FL Zip Code: 33155

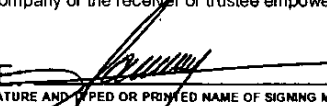
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  TOMMY SOBERANIS Signature of individual or principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 8/17/05

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRITO, DAYSI 13107 SW 68TH LANE MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOBERANIS, TOMMY 13107 SW 68TH LANE MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAYSI D. SOBERANIS 7294 S.W. 40 ST. MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M TOMMY, SOBERANIS 7294 S.W. 40 ST. MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  TOMMY SOBERANIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 8/17/05 (305) 381-5112 Daytime Phone #
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