

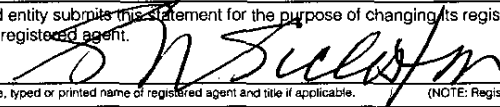
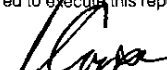


FILED
Apr 05, 2004 8:00 am
Secretary of State

24034290

DOCUMENT # L03000033751				04-05-2004 90493 011 ****55.00	
1. Entity Name SECURITY IMPACT GLASS, LLC					
Principal Place of Business 241 ROYAL PALM WAY PALM BEACH, FL 33480		Mailing Address 241 ROYAL PALM WAY PALM BEACH, FL 33480		24034290	
2. Principal Place of Business 1555 Palm Beach Lakes Blvd Suite 1100		3. Mailing Address P O Box 3267 Suite, Apt. #, etc.			
City & State West Palm Beach FL		City & State West Palm Beach FL		4. FEI Number 54-2125531	
Zip 33401		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAMMON, NANNETTE ESQ 1555 PALM BEACH LAKES BLVD., STE. 1100 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name E. Llwyd Ecclestone Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd Suite 1100 City West Palm Beach FL Zip Code 33401			
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  (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 NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<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. SIG Operating, LLC SIGNATURE: BY: Ron Cooper 					
		Date 4/1/04		Daytime Phone # 561/686-2000	