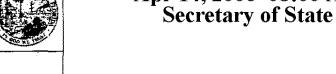
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L03000033751 1. Entity Name SECURITY IMPACT GLASS, LLC

FILED Apr 14, 2006 08:00 AN Secretary of State



			No. of the last of	
Principal Plac	e of Business	Mailing Address		
1555 PALM BEACH LAKES BLVD STE 1100 WEST PALM BEACH FL 33401		C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH FL 33402		
2. Principal P	Place of Business	3. Mailing Address		1 1881 81 81 81 81 81 81 81 81
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
Çity & State		City & State		4. FEI Number Applied For 54-2125531 Applied For
Zip	Country	Zíp	Country	5 Certificate of Status Desired \$5.00 Additional
	6 21		1	Fee Required
	6. Name and Address of Curre	ent Hegistered Agent	Name	7. Name and Address of New Registered Agent
ECC	CLESTONE, LLWYD E			
1555 PALM BEACH LAKES B WEST PALM BEACH FL 3340		BLVD., STE. 1100	Street Addres	ss (P.O. Box Number is Not Acceptable)
***	OT ALM BEACHTE COA	J 1		
			City	FL Zip Code
	named entity submits this statementions of registered agent.	nt for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and access
_		• .		
SIGNATURE	Signature, typed or printed name of registered a	gent and title it applicable. (NO	TE Registered Agent signature req	uired when reinstating) DATE
			OW!!! FEE IS \$50.0	
			ole to Florida Departr	ment of State
	<u>.</u>		ie By May 1, 2006	
9.	· · · · · · · · · · · · · · · · · · ·	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME	MGRM	☐ Delete	TITLE NAME	☐ Change ☐ Addi U00000503312
STREET ADDRESS	1	RATIONG, LLC LM BEACH LAKES BLVD, #1100		04/28/06-80039-015 55.00
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STREET ADDRESS City-St-Zip			STREET ADDRESS CITY+ST: ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: RON COOPER, VICE PRESIDENT WORKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Daytime Phone #