



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90282 014 \*\*\*\*55.00

<b>DOCUMENT # L03000045805</b>					
<b>1. Entity Name</b> INFINITY GLASS, LLC					
<b>Principal Place of Business</b> 2513 KALEY WOOD COURT ST. CLOUD, FL 34769			<b>Mailing Address</b> 2513 KALEY WOOD COURT ST. CLOUD, FL 34769		
<b>2. Principal Place of Business</b> 1505 ROSS AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1505 ROSS AVE Suite, Apt. #, etc.			
<b>City &amp; State</b> Kissimmee FL		<b>City &amp; State</b> Kissimmee FL		<b>4. FEI Number</b> 20-0405466	
<b>Zip</b> 34741		<b>Country</b> Osceola		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FOUST, KATHLEEN M 17 S. ORLANDO AVENUE KISSIMMEE, FL 34741			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM II FITZPATRICK, JOSEPH 2513 KALEY WOOD COURT ST. CLOUD, FL 34769	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FITZPATRICK, JOSEPH 1505 ROSS AVE KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM II FITZPATRICK, DENISE 1505 ROSS AVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Blank]	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Joseph Fitzpatrick MGR III</i>			5-18-04 407-847-8244		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		