

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035229

FILED
Feb 02, 2005
Secretary of State

Entity Name: HOWARD MARTIN GLASS CARPET INSTALLATION, LLC

Current Principal Place of Business:

274 WEST FERNDRELL AVENUE
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

274 WEST FERNDRELL AVENUE
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 03-0542274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, HOWARD MARTIN
274 WEST FERNDRELL AVENUE
VALPARAISO, FL 32580 US

Name and Address of New Registered Agent:

GLASS, HOWARD M
274 WEST FERNDRELL AVENUE
VALPARAISO, FL 32580 US

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.

SIGNATURE: HOWARD MARTIN GLASS

02/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GLASS, HOWARD MARTIN
Address: 274 WEST FERNDRELL AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: MGR (X) Delete
Name: GLASS, TERESA E
Address: 274 WEST FERNDRELL AVENUE
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLASS, HOWARD M
Address: 274 WEST FERNDRELL AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HOWARD MARTIN GLASS

MGRM

02/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date