## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Mar 23, 2006 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPURI					Secretary of State				
DOCUMENT # L04000045240  1. Entity Name FIBERGLASS WORKS LLC						03-23-2006 90	-		
Principal Place of Business Mailing Address									
10 WEYMOUTH W		PO BOX 350693							
PALM COAST, FL 32164		PALM COAST, FL 32135-0693							
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Principal Place of Business									
2. Fincipal Fiace of business		3. Mailing Address			FOUT SITH \$\$\$1 FOUT OF		.1 1111 1111 1111 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
oute, Apr. 4, etc.		Salid, Pipe II, 516.		03012006	Chg-LLC	CR2E08	33 (11/05)		
City & State		City & State		4. FEI Numbe	r		Ap	plied For	
					26-0089928			·	t Applicable
Zip Country		Zip Country			5 Certificate	of Status Desired		5.00 Add	litional
		<u> </u>						ee Require	đ
6. Name and Address of Current Registe					7. Name and	Address of New R	egistered A	gent	
BOMAN CLAUDIO KALVIM			- Jana	=Name===================================					
ROMAN, CLAUDIO KALVIN 10 WEYMOUTH LANE :			Str	Street Address (P.O. Box Number is Not Acceptable)					
	AST, FL 32164		<u> </u>						
			Cit	City Zip Code					
The above named entity submits this statement for the purpose of changing its registere				ina as sa -i-t-		h in the Ctata of Fig.			
	ions of registered agent.	in the purpose or changing its i	registered om	ice or register	eo agent, or bot	n, in the state of Fio	nua. Tamia	muar win,	апо ассері
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE									
Filing Fee is \$50.00 Due by May 1, 2006							check pa Departme		9
9.	MANAGING MEMBE	RS/MANAGERS	10.		1	ADDITIONS/	CHANGES	11 19 19 19 19 19 19 19 19 19 19 19 19 1	
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NAME	ROMAN, CLAUDIO KALVIN		NAME						
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11. Hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.									
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