


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90230 002 ****50.00

DOCUMENT # L04000048068

1. Entity Name
GLASS & METAL PROPERTY, LLC



Principal Place of Business
**8917 MAISLIN DRIVE, BLDG. F
TAMPA, FL 33637**

Mailing Address
**8917 MAISLIN DRIVE, BLDG. F
TAMPA, FL 33637**

2. Principal Place of Business - No P.O. Box #
7833 Depot Lane

3. Mailing Address
7833 Depot Lane


Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33637 Country
USA

Zip
33637 Country
USA



04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HIGGINS, ERNEST D
8917 MAISLIN DRIVE, BLDG. F
TAMPA, FL 33637**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, ERNEST D 8917 MAISLIN DRIVE, BLDG. F TAMPA, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE  DATE **4-4-07** DAYTIME PHONE # **813-989-2927**

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