

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056858

FILED
Jul 19, 2005
Secretary of State

Entity Name: PRO GLASS, LLC

Current Principal Place of Business:

212 N. BAY HILLS BLVD.
SAFETY HARBOR, FL 34695

New Principal Place of Business:

11214 GROVEWOOD AVE.
THONOTOSASSA, FL 33592

Current Mailing Address:

212 N. BAY HILLS BLVD.
SAFETY HARBOR, FL 34695

New Mailing Address:

P.O. BOX 1470
THONOTOSASSA, FL 33592

FEI Number: 20-1475554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEFMAN, MARGA
212 N. BAY HILLS BLVD.
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

BAKER, STANLEY W
11214 GROVEWOOD AVE.
THONOTOSASSA, FL 33592 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: STANLEY W. BAKER

07/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REAL ESTATE EXCHANGE, SERVICES, INC .
Address: 212 N. BAY HILLS BLVD.
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, STANLEY W PRES
Address: 11214 GROVEWOOD AVE.
City-St-Zip: THONOTOSASSA, FL 33592

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: STANLEY W. BAKER

PRES

07/19/2005

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