

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90109 007 ***150.00



DOCUMENT # L04000071086

1. Entity Name

GLASS LAND AND PROPERTY COMPANY, LLC

Principal Place of Business

1405 SOUTH ADAMS STREET
 TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 6249
 TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0526012

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

GLASS, MILTON V
 1405 SOUTH ADAMS STREET
 TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM Delete
 NAME: GLASS, MILTON V
 STREET ADDRESS: P.O. BOX 6249
 CITY-ST-ZIP: TALLAHASSEE FL 32314

TITLE: Delete
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10. ADDITIONS / CHANGES

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
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 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Milton V. Glass*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/06 224-4002
 Date Daytime Phone #