


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 003 ****50.00

DOCUMENT # L04000087289		
1. Entity Name A TOUCH OF GLASS WINDOW CLEANING, LLC		

Principal Place of Business 1942 JOE DUGGER RD FREEPORT, FL 32439 US	Mailing Address 1942 JOE DUGGER RD FREEPORT, FL 32439 US
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2. Principal Place of Business 10859 EMERALD COAST PKWY W Suite, Apt. #, etc. #132 City & State Destin, FL Zip 32550 Country USA	3. Mailing Address 10859 EMERALD COAST PKWY W Suite, Apt. #, etc. #132 City & State Destin FL Zip 32550 Country US
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04272006 Chg-LLC CR2E083 (11/05)



4. FEI Number 20-4966109 20-3520065		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent THOMPSON, TONY 1942 JOE DUGGER RD FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name TONY THOMPSON Street Address (P.O. Box Number is Not Acceptable) 25 S. WILDFLOWER DR City SANTA ROSA BEACH FL Zip Code 32459

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 Anthony J. Thompson DATE 4/27/06

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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, TONY 1942 JOE DUGGER RD FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: Anthony J. Thompson DATE 4/27/06

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