

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039955

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** GLASS BROTHER'S HOME MAINTENANCE, LLC

**Current Principal Place of Business:**

3154 STONEMAN LOOP  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

3154 STONEMAN LOOP  
LAND O' LAKES, FL 34638

**Current Mailing Address:**

3154 STONEMAN LOOP  
LAND O' LAKES, FL 34639

**New Mailing Address:**

3154 STONEMAN LOOP  
LAND O' LAKES, FL 34638

FEI Number: 25-1915540      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:**

GLASS, WILLIAM D  
3154 STONEMAN LOOP  
LAND O' LAKES, FL 34639      US

**Name and Address of New Registered Agent:**

GLASS, WILLIAM D  
3154 STONEMAN LOOP  
LAND O' LAKES, FL 34638      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: WILLIAM D. GLASS

07/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: V/P ( ) Change (X) Addition  
Name: GLASS, JIMMIE L  
Address: 29628 BRIGHT RAY PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM D. GLASS

PRES

07/24/2006

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