2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# L05000055722

Entity Name: 101 GLASS & STOREFRONTS LLC

Current Principal Place of Business:

4855 PINE TREE DRIVE
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4855 PINE TREE DRIVE
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 20-2957105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDERON, DANIEL
2855 PINE TREE DRIVE
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

CALDERON, DANIEL
4855 PINE TREE DRIVE
SAINT CLOUD, FL 34772 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: 01/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CALDERON, DANIEL
Address: 2855 PINE TREE DRIVE
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGMR ( ) Delete
Name: CALDERON, ELIZABETH
Address: 2855 PINE TREE DRIVE
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CALDERON, DANIEL
Address: 4855 PINE TREE DRIVE
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGMR (X) Change ( ) Addition
Name: CALDERON, ELIZABETH
Address: 4855 PINE TREE DRIVE
City-St-Zip: SAINT CLOUD, FL 34772

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: ELIZABETH CALDERON EVP 01/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date