

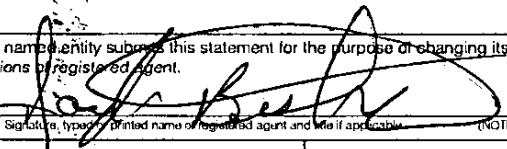
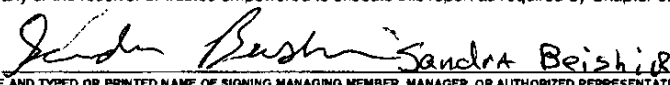


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90043 009 \*\*\*\*50.00

<b>DOCUMENT # L05000065772</b> 1. Entity Name <b>WEST COAST GLAZING &amp; REFINISHING "LLC"</b>					
Principal Place of Business <b>711 PENT ST. TARPON SPRINGS, FL 34689</b>			Mailing Address <b>P.O. BOX 2643 TARPON SPRINGS, FL 34688</b>		
2. Principal Place of Business <b>3144 HARVARD ST. N. LP</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 2643</b> Suite, Apt. #, etc.			
City & State <b>HOLIDAY FL</b>		City & State <b>TARPON SPRINGS FL.</b>		4. FEI Number <b>203091571</b>	
Zip <b>34691</b>		Zip <b>34688</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BEISHIR, JOSEPH G 711 PENT ST. TARPON SPRINGS, FL 34689</b>			7. Name and Address of New Registered Agent Name <b>Beishir, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>3144 HARVARD ST. N. LP</b> City <b>HOLIDAY</b> <b>FL</b> Zip Code <b>34691</b>		
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  DATE <b>9/6/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BEISHIR, SANDRA G 711 PENT ST. TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Beishir, Sandra G. 3144 HARVARD ST. N. LP HOLIDAY FL. 34691</b>	<input checked="" 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
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
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
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 608, Florida Statutes.					
SIGNATURE:  <b>Sandra Beishir</b> DATE <b>9/6/06</b> (727) 271-1755 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					