2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000086691

1. Entity Name
GLASS PROPERTIES, LLC

Principal Place of Business	Mailing Address
4809 S. MOUND AVE #202 TAMPA, FL 33611 US	4809 S. MOUND AVE #202 TAMPA, FL 33611 US

03202006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3814691
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

7. 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] Asst. V.P. 4/10/06
Signature, if changing registered agent or registered agent's name is applicable. (NOTE: Registered Agent signature required when reinstated) Date

Filing Fee is $50.00
Due by May 1, 2006

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCHELL, SCOTT M
STREET ADDRESS	4809 S. MOUND AVE. #202
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000507008
04/27/06-80046-012 55.00

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE: Scott Schell Scott Schell 4/10/06 (813)334-22
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #