

FILED  
Apr 10, 2007 8:00 am  
Secretary of State

03-23-2007 90166 011 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                         |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000110932</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                        |                                                                                                                                               |
| 1. Entity Name<br><b>CUSTOM GLASS PRODUCTS OF FLORIDA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                         |                                                                                                                                               |
| Principal Place of Business<br><b>5105 NEW TAMPA HIGHWAY<br/>LAKELAND, FL 33815-3262</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | Mailing Address<br><b>5105 NEW TAMPA HIGHWAY<br/>LAKELAND, FL 33815-3262</b>                                                            |                                                                                                                                               |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | 3. Mailing Address                                                                                                                      |                                                                                                                                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | City & State                                                                                                                            |                                                                                                                                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                            | Zip                                                                                                                                     | Country                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | 01042007 Chg-LLC CR2E083 (12/06)                                                                                                        |                                                                                                                                               |
| 4. FEI Number<br><b>20-4276960</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | \$5.00 Additional Fee Required                                                                                                          |                                                                                                                                               |
| 8. Name and Address of Current Registered Agent<br><b>RAX CO.<br/>50 NORTH LAURA STREET, SUITE 3300<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                                                                               |
| 9. 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                                         |                                                                                                                                               |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    | Make check payable to<br>Florida Department of State                                                                                    |                                                                                                                                               |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | P<br>REEBER, STEVEN L<br>430 LAKE POINTE LN<br>SALISBURY, NC 28146 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | member<br>Reeder, STEVEN L.<br>1131 Lighthouse Way.<br>SALISBURY NC - 28146 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VP<br>REPER, ERIC<br>5906 MESER CT<br>SCHOFIELD, WI 54476 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | UP<br>Member<br>Reeder, ERIC<br>5906 Meser St.<br>Schofield, WI. 54476 <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VP<br>REBUN, MICHAEL<br>1475 MARISM RD<br>SALISBURY, NC 28145 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | VP<br>member<br>Reeder, michael<br>1475 Harrison Rd.<br>SALISBURY NC. 28145 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Steve Reeder</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | STEVE REEDER<br>Date<br>3-10-07 704 638-2299<br>Daytime Phone #                                                                         |                                                                                                                                               |