


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000111846 1. Entity Name: WINTER PARK GLASS, LLC	
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Principal Place of Business 108 OVERLOOK DRIVE CHULUOTA FL 32766	Mailing Address 108 OVERLOOK DRIVE CHULUOTA FL 32766
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCLOUGHLIN, SEAN J 108 OVERLOOK DRIVE CHULUOTA FL 32766		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

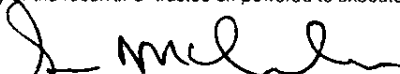
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> MGRM MCLOUGHLIN, SEAN J 108 OVERLOOK DRIVE CHULUOTA FL 32766 </td> <td style="width: 50%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	MGRM MCLOUGHLIN, SEAN J 108 OVERLOOK DRIVE CHULUOTA FL 32766	<input type="checkbox"/> Delete	<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> U00000773054 08/30/07-80003-003 50.00 </td> <td style="width: 50%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	U00000773054 08/30/07-80003-003 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  8/25/07 407-850-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #