

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028585

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** BAY TO GULF PERMAGLAZE, LLC

**Current Principal Place of Business:**

205 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

10413 LA MIRAGE CT  
TAMPA, FL 33615

**Current Mailing Address:**

205 MYRTLE RIDGE ROAD  
LUTZ, FL 33549

**New Mailing Address:**

10413 LA MIRAGE CT.  
TAMPA, FL 33615

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, ROBERT  
205 MYRTLE RIDGE ROAD  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

SMITH, CHRISTOPHER  
10413 LA MIRAGE CT  
TAMPA, FL 33615 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: CHRISTOPHER SMITH

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, ROBERT  
Address: 205 MYRTLE RIDGE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: MGRM ( ) Delete  
Name: SMITH, CHRIS  
Address: 10413 LA MIRAGE COURT  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER SMITH

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date