

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000039510

1. Entity Name  
FOREMAN ART GLASS LLC



Principal Place of Business  
2415 S HARBOR CITY BLVD  
MELBOURNE, FL 32901

Mailing Address

2415 S HARBOR CITY BLVD  
MELBOURNE, FL 32901

2. Principal Place of Business - No P.O. Box #  
*2415 S. HARBOR City Blvd*

Suite, Apt. #, etc.

3. Mailing Address

*2415 S. HARBOR City Blvd*

Suite, Apt. #, etc.

City & State  
*Melbourne FL*

Zip  
*32901*

Country  
*USA*

City & State  
*Melbourne FL*

Zip  
*32901*

Country  
*USA*

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
*13 4331669*

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FOREMAN, DEBORAH L  
1911 PORT MALABAR BLVD NE  
PALM BAY, FL 32905

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

*Deborah J. Foreman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
FOREMAN, DEBORAH  
1911 PORT MALABAR BLVD NE  
PALM BAY, FL 32905

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Deborah J. Foreman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/19/07

321-725  
7005  
Daytime Phone #