2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000080502

STAINED GLASS EXPRESSIONS, LLC



FILED May 07, 2008 8:00 am Secretary of State

05-07-2008 90014 045 ***138.75

Principal Place of Business

Mailing Address

494X X KDERAIX HIGHWAY

XXXXXXXXXXXXXXXX

BANKARBAKNAKX38004

MANAGEARH FRANKEROM US BANKARDARK FRANK New Mailing and Place of Business Address:

324 Alcazar St., St. Augustine, FL 32084



04182008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-5460962 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WATTS, DAVID:L:

BANDARRACHIRIX SERVER St. Augustine, FLL 32084

DO NOT WRITE IN THIS SPACE

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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 right stered agent. Owner & Manager April 21, 2008				
SIGNATURE	nawa v. rave	(NOTE: Registered Agent signature required when	*	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE *: NAME ½: STREET ADDRESS CITY-ST-ZIP	MGR WATTS, DAVID L MINNEYERE 324 Alcazar St. ENOUGH FLOOR St. Augustine,	FL 32084		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THILE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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:

Owner & Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 21, 2008,954-929-9321

Date

Daytime Phone #