

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90019 009 \*\*\*138.75

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<b>DOCUMENT # L06000101079</b> 1. Entity Name PERMAGLASS WINDOWS, LLC					
Principal Place of Business 5201 ROBERT MCLANE BLVD. KISSIMMEE, FL 34758			Mailing Address 5201 ROBERT MCLANE BLVD. KISSIMMEE, FL 34758		
2. Principal Place of Business - No P.O. Box # <b>5100 87th St E</b>		3. Mailing Address <b>5100 87th St E</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bradenton FL</b>		City & State <b>Bradenton FL</b>		4. FEI Number <b>APPLIED FOR 20-5924425</b>	
Zip <b>34211</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  GOODWIN, JAMES W 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <b>Patrick Hogan</b> Street Address (P.O. Box Number is Not Acceptable) <b>5100 87th St E</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34211</b>		
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 <b>Patrick Hogan</b> <b>4/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUNT, ROBERT 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5100 87th Street E</b> <b>Bradenton, FL 34211</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP .		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>Patrick Hogan</b> <b>5100 87th Street E</b> <b>Bradenton, FL 34211</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 608, Florida Statutes.					
SIGNATURE: <b>Patrick Hogan</b> <b>4/23/08</b> <b>(941) 758-2424</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					