2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092534

Current Principal Place of Business:

Entity Name: MEMORIA GLASS ART, LLC

FILED Apr 25, 2008 Secretary of State

New Principal Place of Business:

6835 NARCOOSSEE ROAD 11764 MARCO BEACH DR. SUITE 15 SUITE 3 ORLANDO, FL 32822 JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 2220 CR 210 W. 11764 MARCO BEACH DR. SUITE 108-128 SUITE 3 JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32224 FEI Number: 39-2062310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNIPES, ANTHONY 2220 CR 210 W SUITE #108-128 JACKSONVILLE, FL 32259 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:

City-St-Zip:

JACKSONVILLE, FL 32224

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SNIPES, ANTHONY Name: Name: 2220 CR 210 W SUITE 108-128 Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SNIPES, SAMANTHA Name: Address: 2220 CR 210 W SUITE 108-128 Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BOHREN, WILLIAM Name: Name: Address: 3050 PRESCOTT FALLS DR Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BOHREN, JEAN Name: 3050 PRESCOTT FALLS DR Address: Address:

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.

City-St-Zip:

SIGNATURE: JEAN BOHREN MGRM 04/25/2008