


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---|-----|---|--|---|
| DOCUMENT # L98000002797 1. Entity Name SECURITY IMPACT GLASS HOLDINGS, LLC. | | | |  | |
| Principal Place of Business 1555 PALM BEACH LAKES BLVD SUITE 1100 WEST PALM BEACH FL 33401 | | | Mailing Address C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH FL 33402 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0875151 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | 1st MOORE CR2E083 (10/05) | |
| 6. Name and Address of Current Registered Agent ECCLESTONE, E LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small> <div style="float: right;">DATE _____</div> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INTERNATIONAL GROUP INVESTMENTS, INC. | | | NAME | |
| STREET ADDRESS | 762 RIDER ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | | | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLASSTONE OPERATING CO. | | | NAME | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD., SUITE 1100 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | | CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECCLESTONE, E L | | | NAME | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD, # 1100 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | | CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, RON | | | NAME | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD, # 1100 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
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| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |



1st MOORE CR2E083 (10/05)

4. FEI Number **65-0875151** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECCLESTONE, E LLWYD
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401**

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

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

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

MGR ☐ Delete
INTERNATIONAL GROUP INVESTMENTS, INC.
762 RIDER ROAD
BOYNTON BEACH FL 33435

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

MGRM ☐ Delete
GLASSTONE OPERATING CO.
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

TITLE _____ ☐ Change ☐ Addition
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CITY-ST-ZIP _____

TITLE _____
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STREET ADDRESS _____
CITY-ST-ZIP _____

C ☐ Delete
ECCLESTONE, E L
1555 PALM BEACH LAKES BLVD, # 1100
WEST PALM BEACH FL 33401

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VP ☐ Delete
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1555 PALM BEACH LAKES BLVD, # 1100
WEST PALM BEACH FL 33401

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CITY-ST-ZIP _____

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RON COOPER, VICE PRESIDENT

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

Date

Daytime Phone #