2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002797

1. Entity Name

SECURITY IMPACT GLASS HOLDINGS, L.L.C.



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



01092007 No Chg-LLC

CR2E083 (11/05)

FILED

Feb 19, 2007 08:00 AM Secretary of State

4. FEI Number 65-0875151 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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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 registered agent.

SIGNATURE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERNATIONAL GROUP INVESTMENTS, INC. 762 RIDER ROAD BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLASSTONE OPERATING CO. 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ECCLESTONE, E.L. 1555 PALM BEACH LAKES BLVD, #1100 WEST PALM BEACH, FL. 33401
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP COOPER, RON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642275 03/01/07-80036-013 55.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report is true and accurate and that my signature shall have the same lacel 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 the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability company or the receiver or trustee empowered to execute the limited liability or the limited liability company or the receiver or trustee empowered liability company or the receiver of the liability co

SIGNATURE:

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

EXECUTIVE VICE PRESIDENT

Date Davime Phone #