

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000001

FILED  
Sep 03, 2004  
Secretary of State

**Entity Name:** GLASS INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

C/O JAMES W. GOODWIN  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAMES W. GOODWIN  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-3560150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODWIN, JAMES W  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GLASS, A.L. SKIP II  
Address: 400 N. TAMPA STREET, SUITE 2300  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: A. L. SKIP GLASS

MGR

09/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date