2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L99000000001

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:

C/O JAMES W. GOODWIN
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

Current Mailing Address:

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

New Mailing Address:

C/O JAMES W. GOODWIN
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

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:

GOODWIN, JAMES W
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: JAME W. GOODWIN 04/22/2005
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: MGR (X) Change ( ) Addition
Name: GLASS, A.L. SKIP II
Address: 201 N. FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

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 04/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date