


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90350 032 ****50.00

DOCUMENT # L99000007216					
1. Entity Name SANIGLAZE INTERNATIONAL, LLC					
Principal Place of Business 123 PARK STREET JACKSONVILLE, FL 32204 US			Mailing Address 123 PARK STREET JACKSONVILLE, FL 32204 US		
2. Principal Place of Business 115 Park St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 40486 Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip Country 32204 US		City & State Jacksonville, FL Zip Country 32203 USA		4. FEI Number 59-3635047	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
5. Name and Address of Current Registered Agent ROSENBLOOM, PERCY III 123 PARK STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Percy Rosenbloom III Street Address (P.O. Box Number is Not Acceptable) 1847 Woodmere Dr. City Jacksonville FL Zip Code 32210		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBLOOM, PERCY III 123 PARK STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 Park St. Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, JOEL I 123 PARK STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 Park St. Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FINANCIAL MGR PAUL A. GRANT 5129 HARBOR PT CIR. JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____			Paul A. Grant 4-19-04 (904) 355-2745		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

24050100



03172004 Chg-LLC CR2E083 (10/03)