

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007216

FILED
Jan 13, 2005
Secretary of State

Entity Name: SANIGLAZE INTERNATIONAL, LLC

Current Principal Place of Business:

115 PARK ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40486
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-3635047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBLOOM, PERCY III
1847 WOODMERE DR.
JACKSONVILLE, FL 32210 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: ROSENBLOOM, PERCY III
Address: 115 PARK ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGR () Delete
Name: MITCHELL, JOEL I
Address: 115 PARK ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGRF () Delete
Name: GRANT, PAUL A
Address: 5129 HARBOR PT CIR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: GRANT, PAUL A
Address: 5129 HARBOR PT CIR
City-St-Zip: JACKSONVILLE, FL 32210

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: PERCY ROSENBLOOM, III

MGR

01/13/2005

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