

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90003 047 ****50.00

DOCUMENT # L99000007747

1. Entity Name
GLASS PROPERTIES, L.L.C.



Principal Place of Business
**2954 HUNTER FISH CAMP ROAD
MARIANNA, FL 32446**

Mailing Address
**P.O. BOX 275
MARIANNA, FL 32447**

94007854



2. Principal Place of Business
3010 Watson Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01212004 Chg-LLC CR2E083 (10/03)

City & State
Marianna, FL

City & State

4. FEI Number
59-3614193

Applied For
Not Applicable

Zip
32446 Country
USA

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLASS, JERRY A
2954 HUNTER FISH CAMP ROAD
MARIANNA, FL 32446**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3010 Watson Drive
Marianna, FL
City **Marianna** **FL** Zip Code **32446**

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 *Jerry A Glass* **Jerry A. Glass** 1-28-04
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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GLASS, JERRY A
2954 HUNTER FISH CAMP ROAD
MARIANNA, FL 32446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**3010 Watson Drive
Marianna, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
Lynn W. Baker
4431 Lafayette St.
Marianna, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Jerry A Glass* **Jerry Glass**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850-526-3633
850-482