2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007747

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

Principal Place of Business	Mailing Address
3010 WATSON DRIVE MARIANNA, FL 32446	P.O. BOX 275 MARIANNA, FL 32447

DO NOT WRITE IN THIS SPACE

03212007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3614193	Not Applicable

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

6. Name and Address of Current Registered Agent

GLASS, JERRY A
3010 WATSON DRIVE
MARIANNA, FL 32446

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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_____
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, 2007
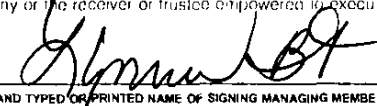
9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GLASS, JERRY A
STREET ADDRESS	3010 WATSON DRIVE
CITY-ST-ZIP	MARIANNA, FL 32446

TITLE	MGRM
NAME	BAKER, LYNN W
STREET ADDRESS	4431 LAFAYETTE ST.
CITY-ST-ZIP	MARIANNA, FL 32446

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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04/02/07-80029-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Lynn W. Baker 3-21-07 850-526-3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #