2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State 08-23-2004 90151 009 ****55.00

DOCUMENT # M030000 1. Entity Name US GLOBAL GLASS LLC	000798		08-23-2004 90151 009 ****55.00
Principal Place of Business 953 HILLSBORO MILE HILLSBORO BEACH, FL ⁶ 33067	Mailing Address 953 HILLSBORO MILE HILLSBORO BEACH, FL	33067	
2. Principal Place of Business	3. Mailing Address		
Suite, Apr. #, etc.	Suite, Apt. #, etc.		08112004 Chg-LLC CR2E083 (10/03)
City & State	City & State		4. FEI Number APPLIED FOR 04-3745084 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINÉ ISLAND ROAD PLANTATION, FL 33324			ss (P.O. Box Number is Not Acceptable)
		Sireer Address	ss (r.O. bux number is not Acceptable)
* *		Cib	7.00
1		City	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept
Signature Signature, yped or printed name of registered Filling Fee is \$50.00 Due by September 8, 2004		Registered Agent signature requ	Make check payable to Florida Department of State
9. MANAGING ME	MBERS / MANAGERS	10.	ADDITIONS/CHANGES ☐ Change Maddition
NAME PARELL, JOHN F		NAME S	CAN ADDITIONS/CHANGES Change MAddition HILLSBOKO MILE
STREET ADDRESS 953 HILLSBORO MILE CITY-ST-ZIP HILLSBORO BEACH, FL 33		- STREET ADDRESS 95.	LISBONO BEACH, FL 33067
TITLE MGR NAME MULVANERTY, JOHN G STREET ADDRESS 953 HILLSBORO MILE HILLSBORO BEACH, FL 33	Delete	NAME STREET ADDRESS 9	TOR Change Addition AMES ALLICY 53 HILLS BORD MILE 145 BORD BEACH, FL 33067
TITLE MGR NAME TSCHRIN, PATRICK STREET ADDRESS 953 HILLSBORO MILE CITY-ST-ZIP HILLSBORO BEACH, FL 33	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
I hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the receiver or true.	ana ilaa myaaniitaana yan isali bas q	the came lengt attact ac-	
SIGNATURE:	AME OF SIGNING NANAGING MEMBER, MAI	NAGER, OR AUTHORIZED REPR	8-/6-04 305-651-6630 RESENTATIVE Date Daytime Phone #