

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -5 PM 1:45



DOCUMENT # L00000002992			
1. Entity Name GLASS4LESS, L.L.C.			
Principal Place of Business 7380 PHILIPS HIGHWAY, SUITE 402 JACKSONVILLE, FL 32256		Mailing Address PO BOX 15848 LITTLE ROCK, AR 72231	
2. Principal Place of Business		3. Mailing Address 7380 Philips Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 402	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32256	USA	32256	USA
4. FEI Number 59-3634410		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	



03212003 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD SUITE 505 MELBOURNE, FL 32901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 September 8, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR HOCKELBERG, CRAIG C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900041654389
NAME	HOCKELBERG, CRAIG C	NAME	10/06/04--01056--005 **50.00
STREET ADDRESS	7380 PHILIPS HWY, SUITE 402	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, MYLA L	NAME	
STREET ADDRESS	7380 PHILIPS HWY, SUITE 402	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOTRILLA, JOHN	NAME	
STREET ADDRESS	4119 RICHARDS ROAD, SUITE 111	STREET ADDRESS	
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72117	CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUES, DALE	NAME	
STREET ADDRESS	4119 RICHARDS ROAD, SUITE 111	STREET ADDRESS	
CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72117	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Craig C. Hockelberg, Manager** **8/31/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #