


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> L03000049374                          |  |
| <b>1. Entity Name</b><br>JAMES FIELD TILE & MARBLE, LLC |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>6642 IOSA DRIVE<br>JACKSONVILLE, FL 32277 | <b>Mailing Address</b><br>PO BOX 8785<br>JACKSONVILLE, FL 32239 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-LLC CR2E083 (10/03)

|   |   |
|---|---|
| <b>4. FEI Number</b><br>05-0592135  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |

|   |                                       |
|---|---------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>FIELD, JAMES<br>6642 IOSA DRIVE<br>JACKSONVILLE, FL 32277 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

**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, 2005**

| 9. MANAGING MEMBERS/MANAGERS   |   |
|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | MGRM<br>FIELD, JAMES<br>6642 IOSA DRIVE<br>JACKSONVILLE, FL 32277 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |   |

**DO NOT WRITE  
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02/19/05-80004-007 55.00

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** James J. Field **2-17-05** **904.545.7831**

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