


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000015864**  
 1. Entity Name  
**BOB DAUGHTREY TILE LLC**



Principal Place of Business      Mailing Address  
**3189 TROPICAL TRAIL**      **3189 TROPICAL TRAIL**  
**LANTANA, FL 33462 US**      **LANTANA, FL 33462 US**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>71-0963480</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAUGHTREY, ROBERT L**  
**3189 TROPICAL TRAIL**  
**LANTANA, FL 33462**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

000000578632  
 01/09/07-80037-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DAUGHTREY, ROBERT L</b> <b>3189 TROPICAL TRAIL</b> <b>LANTANA, FL 33462</b>
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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:** *Robert L. Daughtrey*      **Robert L. Daughtrey**      *1.5.07*      *561.967.3979*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #