


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000102987**

1. Entity Name  
**A & M CUSTOM CERAMIC TILE SETTING L.L.C.**



Principal Place of Business      Mailing Address

**5816 REGENT ROAD**      **5816 REGENT ROAD**  
**VENICE, FL 34293**      **VENICE, FL 34293**

**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>81-0625111</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAMMONS, ANNETTE**  
**5816 REGENT ROAD**  
**VENICE, FL 34293**

**DO NOT WRITE IN THIS SPACE**

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: Annette Sammons      Annette Sammons      3-16-07

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**

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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAMMONS, W. MICHAEL
STREET ADDRESS	5816 REGENT ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	MGRM
NAME	SAMMONS, ANNETTE
STREET ADDRESS	5816 REGENT ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/29/07-80022-013 55.00

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: Annette Sammons      Annette Sammons      3-16-07      941-493-1978

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