

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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**



03082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 81-0625111	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      4-23-08  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000920408  
 05/21/08 00109-009 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMMONS, W. MICHAEL 5816 REGENT ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMMONS, ANNETTE 5816 REGENT ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

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      4-23-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #