


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014810 1. Entity Name LAKESIDE TUB & TILE REFINISHING LLC	
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Principal Place of Business 36742 TROPICAL WIND LANE GRAND ISLAND, FL 32735	Mailing Address 36742 TROPICAL WIND LANE GRAND ISLAND, FL 32735
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3687612	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ABRAMS, RAY 36742 TROPICAL WIND LANE GRAND ISLAND, FL 32735	DO NOT WRITE IN THIS SPACE
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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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, RAY P 36742 TROPICAL WIND LANE GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAMS, MARTHA R 36742 TROPICAL WIND LANE GRAND ISLAND, FL 32735
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U000000743006
05/15/07-80092-016 \$0.00

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: *Ray Abrams* *Martha Abrams* 4-26-07 352 742 9107