2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000013597 CHEAPTILE, L.L.C.



Principal Place of Business

Mailing Address

4337 DARDANELLE DRIVE ORLANDO, FL 32808

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

City-ST-ZIP

DILE NAME STREET ADDRESS City-St-Ip

MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4337 DARDANELLE DRIVE ORLANDO, FL 32808

FILED Apr 24, 2006 08:00 AM Secretary of State



04072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3739102

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT E

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), FL 32801		IN THIS SPACE				
	named entity submits this statement for the purpose of chailons of registered agent.	nging its registere	ed office or registered agent, or b	ooth, in the State of Florida. I am la	miliar with, and accept		
SIGNATURE.				19			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registerer	d Agent signature required when reinstating)	DATE			
F	iling Fee is \$50.00 ue by May 1, 2006		:	U00000530167 D5/05/06-80104-01	17 50.08		
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELUZIO, DONALD 4337 DARDANELL DR ORLANDO, FL 32807			(
TITLE				1			

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11.	i hereby	certify that the inform	ration supplied with	this filing does not	qualify for the exe	emptions contained	in Chapter 119,	Florida Statul	es. I further certi	fy that the info	rmation
	indicated	d on this report is trui	and accurate and	that my signature sl	hall have the sam	ie legal effect as if n	nade under oath	;thatlama	managin g me mi	ser or manage	ir of the
	limited (ability company or th	e receiver or truster	empowered to exe	cute this report a	s required by Chapt	ter 608, Florida S	Statutes	_		

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANASINE MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #