2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000497

1. Entity Name
INTERNATIONAL MARBLE OUTLET LLC

Principal Place of Business	Mailing Address
45 ANASTSIA LAKE DR SAINT AUGUSTINE, FL 32084	45 ANASTSIA LAKE DR SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

03162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1403150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ASCHL, PHILLIP
2221 20TH ST NW
WINTERHAVEN, FL 33881

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	ASHDJI, FRED
STREET ADDRESS	45 ANASTSIA LAKE DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	VP
NAME	ASCHI, PHILLIP
STREET ADDRESS	2221 20TH ST. NW
CITY-ST-ZIP	WINTERHAVEN, FL 33881
TITLE	ST
NAME	TAWILL, LILLIAN
STREET ADDRESS	1421 SUZANNE WAY
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000492932
04/19/06-80085-012 50.00

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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: _____ MAR-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #