2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018949

1. Entity Name

ASPHALT TEXTURES, LLC



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

3510 FOX RUN BLVD. PANAMA CITY BEACH, FL 32408 Mailing Address

3510 FOX RUN BLVD.

PANAMA CITY BEACH, FL. 32408



DO NOT WRITE IN THIS SPACE

02072007 No Chg-LLC

CR2E083 (11/05)

4. FEi Number 57-1191212

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. CRIT 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

		IN THIS STAGE
8. The above the obligation	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOT	E: Registered Agent signature required when reinstating) DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2007	·
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM ROBERTS, GEORGE 3510 FOX RUN BLVD. PANAMA CITY BEACH, FL 32408	
TITLE	FAIRMIN OIT BEAUT, FE 32400	
NAME		1
STREET ADDRESS CITY-ST-ZIP		U00000631870 02/20/07-80064-020 50.00
TITLE		
NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #