


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|  |         |  |         |   |
|--|---------|--|---------|---|
| <b>DOCUMENT # L03000042462</b>   |         |  |         |  |
| 1. Entity Name<br><b>R.G. WRIGHT TILE, LLC</b>                               |         |  |         |   |
| Principal Place of Business<br><b>4745 HARRIS AVE.<br/>SARASOTA FL 34233</b> |         | Mailing Address<br><b>4745 HARRIS AVE.<br/>SARASOTA FL 34233</b> |         |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                        |         | 3. Mailing Address<br>Suite, Apt. #, etc.                        |         |   |
| City & State   |         | City & State   |         |   |
| Zip  | Country | Zip  | Country |   |



1st MOORE CR2E083 (10/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>74-3108467</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WRIGHT, RONALD G<br/>4745 HARRIS AVE.<br/>SARASOTA FL 34233</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
|---|--|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>WRIGHT, RONALD G<br/>4745 HARRIS AVE.<br/>SARASOTA FL 34233</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000475075<br/>04/05/06-80001-005 50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ronald G. Wright* **3/16/06** **941-225-8126**