


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90020 011 ****50.00

DOCUMENT # L03000048753	
1. Entity Name R & M TILE WORKS, LLC	

Principal Place of Business 106 TIMBERWIND DR. DEFUNIAK SPRINGS, FL 32433	Mailing Address 106 TIMBERWIND DR. DEFUNIAK SPRINGS, FL 32433
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20050240



2. Principal Place of Business 315 Janice Lane Suite, Apt. #, etc.	3. Mailing Address 315 Janice Lane Suite, Apt. #, etc.
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04252005 Chg-LLC CR2E083 (10/03)

City & State Crestview FL	City & State Crestview FL
Zip 32539	Country Walton

4. FEI Number 45-0528236	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MIDDLEBROOKS, RONALD R 106 TIMBERWIND DR. DEFUNIAK SPRINGS, FL 32433	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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.

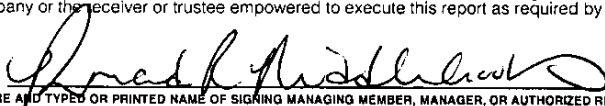
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIDDLEBROOKS, RONALD R 106 TIMBERWIND DR. DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	315 Janice Lane Crestview #1 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/27/05** **850/892-7838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #