


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jul 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT #</b> L03000049435 <b>1. Entity Name</b> MICHAEL HEINEN TILE, L.L.C.	
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<b>Principal Place of Business</b> 8946 IVEY ROAD JACKSONVILLE, FL 32216	<b>Mailing Address</b> 8946 IVEY ROAD JACKSONVILLE, FL 32216
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**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 90-0131070	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  HEINEN, MICHAEL 8946 IVEY ROAD JACKSONVILLE, FL 32216	<b>DO NOT WRITE IN THIS SPACE</b>
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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.**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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**Filing Fee is \$50.00  
Due by September 14, 2007**

U00000768461  
07/12/07-80008-015 50.00

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM HEINEN, MICHAEL 8946 IVEY ROAD JACKSONVILLE, FL 32216
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

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07/12/07-80008-014 5.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

<b>SIGNATURE:</b> <i>Michael S. Heinen</i> Michael S. Heinen	<b>2 July 07</b>	<b>904 753-0781</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>