2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049488

Entity Name: LARRY JOHNSON TILE & STONE, LLC

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1537 189 TROPICAL WAY SANTA ROSA BCH., FL 32459 FREEPORT, FL 32439

Current Mailing Address: New Mailing Address:

PO BOX 1537

SANTA ROSA BCH., FL 32459

FEI Number: 52-2416969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, LARRY D
20719 US HWY 331 S
FREEPORT, FL 32439 US
BETTES, MICHAEL J
189 TROPICAL WAY
FREEPORT, FL 32439 US

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.

SIGNATURE: MICHAEL J BETTES 02/22/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 JOHNSON, LARRY D
 Name:

 Address:
 PO BOX 1537
 Address:

 City-St-Zip:
 SANTA ROSA BCH., FL 32459
 City-St-Zip:

Title: MGRM () Delete Title: MGR (X) Change () Addition

 Name:
 BETTS, MICHAEL J
 Name:
 BETTS, MICHAEL J

 Address:
 189 TROPICAL WAY
 Address:
 189 TROPICAL WAY

 City-St-Zip:
 FREEPORT, FL 32439
 City-St-Zip:
 FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL J. BETTES MGR 02/22/2007