



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90004 041 ****55.00

DOCUMENT # L03000049774 1. Entity Name: SHIVER TILE LLC 2. Principal Place of Business: 330 TEAL LN., APT. D TALLAHASSEE, FL 32308 3. Mailing Address: 330 TEAL LN., APT. D TALLAHASSEE, FL 32308					
4. FEI Number: 530110496 Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>					
5. Certificate of Status Desired: <input type="checkbox"/> \$5.00 Additional Fee Required				03082004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent JAMES DUCE SHIVER 330 TEAL LN., APT. D TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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: 		OWNER: _____		DATE: 5-4-04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		(NOTE: Registered Agent signature required when reinstating)	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES DUCE SHIVER 330 TEAL LN., APT. D TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date: 5-4-04 Daytime Phone #: 850-264-5882		