2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -1 AM 9:40

DOCUMENT # L03000051995

1. Entity Name
KEVIN SMYLY TILE L.L.C.

Principal Place of Business	Mailing Address
13893 N. MERIDIAN RD. TALLAHASSEE, FL 32312	13893 N. MERIDIAN RD. TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

03202006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3619205
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMYLY, KEVIN
13893 N. MERIDIAN RD.
TALLAHASSEE, FL 32312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SMYLY, KEVIN
STREET ADDRESS	13893 N. MERIDIAN RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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.

SIGNATURE: _____ Apr 19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #