2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054033

Entity Name: DIMENSIONS IN TILE & STONE, LLC

FILED Mar 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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175-C CUMBERLAND PARK DRIVE 6695 COLRAY COURT ST. AUGUSTINE, FL 32095

SUITE 401

JACKSONVILLE, FL 32558

Current Mailing Address: New Mailing Address:

6695 COLRAY COURT 175-C CUMBERLAND PARK DR. SAINT AUGUSTINE, FL 32095 US SUITE 401

JACKSONVILLE, FL 32258

FEI Number: 02-0714998 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:

LESTER, DON H 1035 LASALLE STREET JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

WINDOM, JOHN Name: Name: Address: 3300 SR 13 Address: City-St-Zip: FRUIT COVE, FL 32059 City-St-Zip:

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

Name: PERRY, BRIAN Name: Address: 1409 KIPLING Address: ST. AUGUSTINE, FL 32095 City-St-Zip: City-St-Zip:

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

BOEDEKER, PAM Name: Name: Address: 8117 CHOLO TRAIL Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip:

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: JOHN WINDOM **MGRM** 03/20/2007