2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L03000054033

Entity Name: DIMENSIONS IN TILE & STONE, LLC

Current Principal Place of Business:

6695 COLRAY COURT
SUITE 401
JACKSONVILLE, FL 32558

New Principal Place of Business:

Current Mailing Address:

6695 COLRAY COURT
SUITE 401
JACKSONVILLE, FL 32258

New Mailing Address:

6695 COLRAY COURT
SUITE 401
JACKSONVILLE, FL 32558

FEI Number: 02-0714998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: WINDOM, JOHN
Address: 3300 SR 13
City-St-Zip: FRUIT COVE, FL 32059

Title: MGR ( ) Delete
Name: PERRY, BRIAN
Address: 1409 KIPLING
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete
Name: BOEDEKER, PAM
Address: 8117 CHOLO TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 02/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date