

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90132 010 ****55.00

DOCUMENT # L03000055018

1. Entity Name

BJ ROSE TILE CO., LLC



Principal Place of Business

15840 STATE ROAD 50 WEST
SUITE 17
CLERMONT FL 34711
US

Mailing Address

15840 STATE ROAD 50 WEST
SUITE 17
CLERMONT FL 34711
US



2. Principal Place of Business

15840 State Road 50 W.

Suite, Apt. #, etc.

Lot 17

3. Mailing Address

15840 State Road 50 W.

Suite, Apt. #, etc.

Lot 17

1st MOORE

CR2E083 (10/05)

City & State

Clermont FL

City & State

Clermont FL

4. FEI Number

42-1614132

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00-Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, BOBBY JACK
3111 STUDENT DRIVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name

~~Bobby~~ Bobby Jack Rose

Street Address (P.O. Box Number is Not Acceptable)

15840 State Road 50 West

City

Clermont

FL

Zip Code

34711

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

Bobby Jack Rose

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State.
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ROSE, BOBBY JACK
STREET ADDRESS 15840 STATE ROAD 50 WEST SUITE 17
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bobby Jack Rose* Bobby Jack Rose

3-1-06

321-689-3576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #