2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # L03000055106 04-18-2006 90009 005 ****50.00 RANDY THURBER'S CERAMIC TILE & MARBLE, LLC Principal Place of Business Mailing Address 912 N. OLEANDER AVENUE 912 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chq-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0483665 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THURBER, RANDY Street Address (P.O. Box Number is Not Acceptable) 912 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Delete TITLE ☐ Change ☐ Addition THURBER, RANDALL D NAME NAME 912 N. OLEANDER AVENUE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED