2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # L03000055409** 1. Entity Name 02-10-2006 90165 003 ****50.00 LUTHER TILE, LLC Principal Place of Business Mailing Address 7268 FIRETHRONE DR SARASOTA FL 34240 7268 FIRETHRONE DR SARASOTA FL 34240 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For 04-3781353 Not Applicable \$5.00 Additional 5. Certificate of Status Desired nd Address of Current Registered Agent 7. Name and Address of New Registered Agent LUTHER, DEREK 7268 FIRETHRONE DR SARASOTA FL 34240 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, typed or printed name of registered agent and title d applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM TITLE Delete ☐ Change ■ Addition NAME LUTHER, DEREK W NAME STREET ADDRESS 7268 FIRETHRONE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 THE **MGRM** ☐ Delete DILE Change ☐ Addition LUTHER STEPHEN G 5127 MOLLER AVE SARASOTA FLORIDA NAME LUTHER, STEPHEN G NAME STREET ADDRESS STREET ADDRESS 4090 MALDEN DR SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP Delete MGRM_ TITLE TITLE ☐ Change ☐ Addition NAME VINAL, RONNIE STREET ADDRESS STREET ADDRESS 7268 FIRETHRONE DR CITY-ST-7/P CITY-ST-ZIP SARASOTA FL 34240 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED