2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057128

1. Entity Name
SICKELS TILE & GROUT RESTORATION, L.L.C.

Principal Place of Business	Mailing Address
427 TORREY PINES POINT NAPLES, FL 34113	427 TORREY PINES POINT NAPLES, FL 34113

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
52-2436136	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SICKELS, STEVEN
427 TORREY PINES POINT
NAPLES, FL 34113

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SICKELS, STEVEN
STREET ADDRESS	427 TORREY PINES POINT
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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08/29/06-80004-002 50.00

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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: *Steven Sickels*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #