


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90013 016 ****50.00

DOCUMENT # L04000002211	
1. Entity Name P.C. TILE INSTALLATION LLC	

Principal Place of Business 5006 EAST 11TH COURT PANAMA CITY FL 32404 US	Mailing Address 5006 EAST 11TH COURT PANAMA CITY FL 32404 US
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2. Principal Place of Business 8623 N Lagoon Suite, Apt. #, etc. B-8 City & State PANAMA City BEACH FL	3. Mailing Address 8623 N Lagoon Suite, Apt. #, etc. B-8 City & State PANAMA City BEACH FL
Zip 32408 Country USA	Zip 32408 Country USA

2nd MOORE CR2E083 (5/05)

4. FEI Number 593599131		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LOWELL, DAVID C 5006 ESAT 11TH COURT PANAMA CITY FL 32404		7. Name and Address of New Registered Agent Name: Lowell David C Street Address (P.O. Box Number is Not Acceptable) 8623 N Lagoon B-8 PANAMA City FL City: FL Zip Code: 32408

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 David Lowell (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Lowell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____