

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90132 001 ***150.00

DOCUMENT # L04000003381


1. Entity Name
PATRICK GILL CUSTOM TILE & MARBLE LLC



Principal Place of Business Mailing Address
~~2987 S ATLANTIC AV UNIT 204~~ ~~2987 S ATLANTIC AV UNIT 204~~
 DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH SHORES, FL 32118

2. Principal Place of Business 3. Mailing Address
1513 Juniper Tree Dr *1513 Juniper Tree Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Edgewater, FL *Edgewater, FL*
 Zip Country Zip Country
32132 *32132* *32132*



04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-0554110 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILL, PATRICK
~~2987 S ATLANTIC AV #204~~
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1513 Juniper Dr.

City State Zip Code
Edgewater **FL** *32132*

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: *Patrick E. Gill* DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, PATRICK	NAME	
STREET ADDRESS	2987 SO ATLANTIC AV UNIT 204	STREET ADDRESS	<i>1513 Juniper Tree Dr</i>
CITY ST ZIP	DAYTONA BEACH SHORES, FL 32118	CITY ST ZIP	<i>Edgewater, FL 32132</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Patrick E. Gill*

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