


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90132 001 \*\*\*150.00

<b>DOCUMENT # L04000003381</b>	
1. Entity Name <b>PATRICK GILL CUSTOM TILE &amp; MARBLE LLC</b>	

Principal Place of Business <b>2987 S ATLANTIC AV UNIT 204 DAYTONA BEACH SHORES, FL 32118</b>	Mailing Address <b>2987 S ATLANTIC AV UNIT 204 DAYTONA BEACH SHORES, FL 32118</b>
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2. Principal Place of Business <b>1513 Juniper Tree Dr</b>	3. Mailing Address <b>1513 Juniper Tree Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Edgewater, FL</b>	City & State <b>Edgewater, FL</b>
Zip <b>32132</b>	Zip <b>32132</b>
Country	Country



04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0554110</b>	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 <b>GILL, PATRICK 2987 S ATLANTIC AV #204 DAYTONA BEACH, FL 32118</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1513 Juniper Dr.</b> City <b>Edgewater</b> FL Zip Code <b>32132</b>	

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 <b>Patrick C. Gill</b>	DATE

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM GILL, PATRICK 2987 S ATLANTIC AV UNIT 204 DAYTONA BEACH SHORES, FL 32118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<b>1513 Juniper Tree Dr Edgewater, FL 32132</b> <input 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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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: <b>Patrick C. Gill</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	