2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000004291

FILED Apr 23, 2008 08:00 AN

1. Entity Name ARBUCKLE TILE & MARBLE, LLC			Secretary of Sta	
Principal Place of Business 8963 PROVINCE ST SARASOTA, FL 34240 Mailing Address 8963 PROVINCE ST SARASOTA, FL 34240				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04202008No Chg-LLC
ARBUCKLE, THOM 8963 PROVINCE ST SARASOTA, FL 34240				DO NOT WRITE IN THIS SPACE
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEF MGR ARBUCKLE, THOMAS 8963 PROVINCE ST SARASOTA, FL 34240	RS/MANAGERS		U00000917223 05/13/08-80032-008 138.75
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS				

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 AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP