

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90017 039 ****50.00

DOCUMENT # L04000004537

1. Entity Name

BB & T TILE, LLC



Principal Place of Business

2600 WEST BOBE STREET
HOUSE
PENSACOLA FL 32505
US

Mailing Address

2600 WEST BOBE STREET
HOUSE
PENSACOLA FL 32505
US

2. Principal Place of Business

Suite, Apt. #, etc.

House

City & State

Pensacola FL

Zip

32505

Country

Escambia

3. Mailing Address

Suite, Apt. #, etc.

House

City & State

Pensacola FL

Zip

32505

Country

Escambia

1st MOORE

CR2E083 (10/05)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00

Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFEY, BRIAN
2600 WEST BOBE STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Brian Coffey

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

2600 West Bobe St

Pensacola

City

FL

FL 32505

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

Brian Coffey

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM
COFFEY, BRIAN
2600 WEST BOBE STREET
PENSACOLA FL 32501

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Brian Coffey

4/27/06

Date

Daytime Phone #

850 293-7958