2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2007 90261 044 ****50.00
L04000006536

FILED
07 MAY 29 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000006536

1. Entity Name
MONTERREY TILE LLC

Principal Place of Business	Mailing Address
108 JACQUELYN WAY PENSACOLA, FL 32505	108 JACQUELYN WAY PENSACOLA, FL 32505

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
313 Yoakum CT	313 Yoakum Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32505 Country: ESCAMBIA	Zip: 32505 Country: ESCAMBIA

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-0624507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CERVANTES, SAMUAL
108 JACQUELYN WAY
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

Name: SAMUEL CERVANTES
Street Address (P.O. Box Number is Not Acceptable): 313 YOAKUM CT
City: Pensacola FL Zip Code: 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: Samuel F Lares Cervantes 4-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CERVANTES, SAMUAL 108 JACQUELYN WAY PENSACOLA, FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAMUEL FLORES CERVANTES 313 YOAKUM CT PENSACOLA FL 32505	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Samuel F Lares Cervantes 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #