2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

DOCUMENT # L0400009068

1. Entity Name
JIM KEENE TILE, LLC



Principal Place of Business 725 HILLVILLE DRIVE PORT ORANGE, FL 32127 Mailing Address

725 HILLVILLE DRIVE PORT ORANGE, FL 32127



DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2992324 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

KEENE, JAMES E 725 HILLVILLE DRIVE PORT ORANGE, FL 32127

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 Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEENE, JAMES E 725 HILLVILLE DRIVE PORT ORANGE, FL 32127
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DO NOT WRITE

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 SIGNAT

4-26-07

386-756-1714

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