


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90150 036 \*\*\*\*55.00

DOCUMENT # L04000009457					
<b>1. Entity Name</b> DAVID SMITH TILE, LLC					
<b>Principal Place of Business</b> 8333 N. CAREY RD LITHIA, FL 33547			<b>Mailing Address</b> 8333 N. CAREY RD LITHIA, FL 33547		
<b>2. Principal Place of Business - No P.O. Box #</b> 8331 N Carey Rd		<b>3. Mailing Address</b> 8331 N. Carey Rd			
Suite, Apt. #, etc. #		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lithia, FL		<b>City &amp; State</b> Lithia, FL		<b>4. FEI Number</b> 38-3697488	
<b>Zip</b> 33547		<b>Country</b> U.S.		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SMITH, DAVID W 8333 N. CAREY RD LITHIA, FL 33547			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b> SIGNATURE <u>David Smith</u> DATE <u>01-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMITH, DAVID 8333 N CAREY RD LITHIA, FL 33547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Smith, David 8331 N Carey Lithia, FL 33547
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>David Smith</u>			01-19-07 813 967-7405		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		