


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90053 001 ****55.00

DOCUMENT # L04000012584					
1. Entity Name KEVIN PERRY'S TILE, LLC					
Principal Place of Business 3966 COUNTRY MILL ROAD JAY, FL 32565			Mailing Address 3966 COUNTRY MILL ROAD JAY, FL 32565		
2. Principal Place of Business 4208 CELTIC CIRCLE		3. Mailing Address 4208 CELTIC CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PACE, FL		City & State PACE, FL		4. FEI Number 59-3777875	
Zip 32571		Country SANTA ROSA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32571		Country SANTA ROSA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERRY, KEVIN N 3966 COUNTRY MILL ROAD JAY, FL 32565			7. Name and Address of New Registered Agent Name PERRY, KEVIN N. Street Address (P.O. Box Number is Not Acceptable) 4208 CELTIC CIRCLE City PACE FL Zip Code 32571		
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 <u><i>Kevin N. Perry</i></u> KEVIN N. PERRY, MGRM DATE 5-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERRY, KEVIN 3966 COUNTRY MILL ROAD JAY, FL 32565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERRY, KEVIN 4208 CELTIC CIRCLE PACE, FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Kevin N. Perry</i></u> KEVIN N. PERRY, MGRM DATE 5-17-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					