

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90286 028 \*\*\*\*50.00

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<b>DOCUMENT # L04000012740</b> 1. Entity Name <b>CORRECT TILE AND MARBLE LLC</b>					
Principal Place of Business <b>1186 SHEFFIELD ROAD JACKSONVILLE, FL 32256 US</b>			Mailing Address <b>1186 SHEFFIELD ROAD JACKSONVILLE, FL 32256 US</b>		
2. Principal Place of Business <b>1140 Friendship Dr.</b>		3. Mailing Address <b>1140 Friendship Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>84-1637587</b>	
Zip <b>32259</b>		Country <b>St. Johns</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVIS, EUGENE B 1186 SHEFFIELD ROAD JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<b>MGRM DAVIS, EUGENE B 1186 SHEFFIELD ROAD JACKSONVILLE, FL-32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAVIS, Eugene B 1140 Friendship Dr. Jacksonville, FL 32259</b> <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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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>SIGNATURE: Eugene B. Davis, Managing Member</b> <b>3/15/06</b> <b>(904) 230-4515</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					