


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED
Feb 07, 2008 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # L04000015864 1. Entity Name BOB DAUGHTREY TILE LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 3189 TROPICAL TRAIL LANTANA FL 33462 US | Mailing Address 3189 TROPICAL TRAIL LANTANA FL 33462 US |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/07)

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 71-0963480 | Applied For No: Applicable |
| Zip | Country | Zip | Country |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

DAUGHTREY, ROBERT L
3189 TROPICAL TRAIL
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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's signature required when remaining) _____ DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to: Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAUGHTREY, ROBERT L 3189 TROPICAL TRAIL LANTANA FL 33462 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 | U00000619389 02/15/08-80080-024 138.75 <input checked="" type="checkbox"/> Change <input checked="" 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 Section 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: *Robert L. Daughtrey* • Robert L. Daughtrey • 2/7/08 561-967-3979