### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000034540 1. Enlity Name THACKER TILE LLC

FILED Jul 16, 2007 08:00 AM Secretary of State

Principal Place of Business

8504 N. TALIAFERRO AVE TAMPA, FL 33604 Mailing Address

8504 N. TALIAFERRO AVE TAMPA, FL 33604



DO NOT WRITE IN THIS SPACE

07122007No Chg-LLC CR2E083 (11/05)

4. FEI Number
90-0061155

S. Certificate of Status Desired

Applied For
Not Applicable

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THACKER, JOHN S 8504 N. TALIAFERRO AVE TAMPA, FL 33604

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<ol><li>The above named entity submits this statement for the purpose of change the obligations of registered agent.</li></ol>	ing its registered office or registered agent, or both, in the State of Ro	rida. I am familiar with, and accept
SIGNATURE	OVER Developed Academy	

#### Filing Fee is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGR THACKER, JOHN 8504 N. TALIAFERRO AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE NAME STREET ACCRESS CITY-ST-ZIP	MGRM THACKER, JUNE 8504 N. TALIAFERRO AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CATY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filling does not qualify for the ex

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11. I hereby certify that the information supplied with this filling 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: Ald. Tak	2/19/03	(8/1) 935-1515
BIGNATURE AND TYPED OR PRINTED NAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Data	Dayline Phone #