2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000050302

1. Entity Name

T&W TILE INSTALLATIONS, LLC



FILED Jul 05, 2007 08:00 AM Secretary of State

Principal Place of Business

602 NORTHEAST 434TH STREET

OLD TOWN, FL 32680 US

Mailing Address

602 NORTHEAST 434TH STREET OLD TOWN, FL 32680 US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07022007No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

KIMBERLIN, DWAYNE T 602 NE 434TH ST. OLD TOWN, FL 32680

SIGNATURE:

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE		Agent signature conjused when sekistatings July 1, 2007
Filing Fee is \$50.00 Due by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ABORESS CITY-ST-ZIP	MGR KIMBERLIN, DWAYNE T 602 NE 434TH ST. OLD TOWN, FL 32680	
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGR SCHEFFLER, WILLIS 628 NE 434TH ST. OLD TOWN, FL 32680	V00000767192 07/06/07-80004-009 50.0
TITLE NAME STREET ADDRESS CITY-ST-ZP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ABDRESS CITY-SI-ZIP		·
TITLE NAME STREET ADORESS CITY-ST-ZIP		
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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

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