


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074969</b> 1. Entity Name <b>JAMES TOLBERT TILE, LLC</b>	
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Principal Place of Business <b>2841 HIDDEN SPRINGS CIR. PENSACOLA, FL 32526</b>	Mailing Address <b>2841 HIDDEN SPRINGS CIR. PENSACOLA, FL 32526</b>
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1784103</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HICKEY, RAYMOND G  
913 GULF BREEZE PKWY, STE #5  
GULF BREEZE, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TOLBERT, JAMES B MR 2841 HIDDEN SPRINGS CIR PENSACOLA, FL 32526</b>
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U00000763277  
05/30/07-80001-008 50.00

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: James Tolbert 4, 28/07 1850 3240425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #