


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90030 010 \*\*\*\*50.00

DOCUMENT # <b>L04000086844</b>	
1. Entity Name <b>Zeb DeGraw Tile LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**20058491**

2. Principal Place of Business <b>2038 Longview dr</b>	3. Mailing Address <b>P.O. Box 3435</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Tallahassee, FL</b>	City & State <b>Tallahassee, FL</b>
Zip <b>32303</b>	Country <b>Leon</b>
Country <b>Leon</b>	Zip <b>32315</b>
Country <b>Leon</b>	Country <b>Leon</b>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Zeb DeGraw</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>2038 Longview dr.</b>
City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>

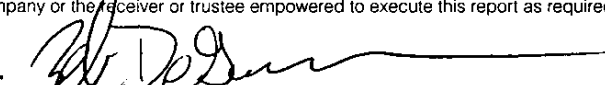
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MSRM</b> <b>Zeb DeGraw</b> <b>2038 Longview dr.</b> <b>Tallahassee, FL 32303</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)