

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000005181</b> 1. Entity Name <b>RICHARD WINTON TILE CO. LLC</b>				 <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b>FILED</b>              06 AUG 28 PM 3: 33           </div> <div style="text-align: center;"> <b>FILED</b>              06 AUG 28 PM 3: 33           </div> </div>	
Principal Place of Business <b>2068 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>		Mailing Address <b>2068 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		SECRETARY OF STATE <b>TALLAHASSEE, FLORIDA</b>  08282006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>51-0533243</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>WINTON, RICHARD 2068 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTON, RICHARD 2068 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900079339159 08/31/06--01047--018 <input type="checkbox"/> Change <input type="checkbox"/> Addition    **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, RAYMOND T 1471 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 <input checked="" 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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			8-28-06    649-3569		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		