

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000011922					
1. Entity Name LATIN TILE, L.L.C.					
Principal Place of Business 7320 E. FLETCHER AVE., SUITE V304 TAMPA, FL 33637			Mailing Address 7320 E. FLETCHER AVE., SUITE V304 TAMPA, FL 33637		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04242006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ORTIZ, RICARDO 2103 SYCAMORE LANE PLANT CITY, FL 33566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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		Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)		APRIL 24 2006 DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIL, BEATRIZ 7320 E. FLETCHER AVE., SUITE V304 TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000538673 05/09/06-80086-021 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS 7320 E. FLETCHER AVE., SUITE V304 TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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.					
SIGNATURE		Signature and typed or printed name of signing managing member, manager, or authorized representative		APRIL 24 2006 Date	
Daytime Phone #		Daytime Phone #			