

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000011987

1. Entity Name
T.T PRO TILE, LLC



**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90031 040 ****55.00

U U U U U U



04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business <i>213 Justin way</i>	3. Mailing Address <i>213 Justin way</i>		
Suite, Apt. #, etc. <i></i>	Suite, Apt. #, etc. <i></i>		
City & State <i>Sanford, FL</i>	City & State <i>Sanford, FL</i>		
Zip <i>32773</i>	Country <i>U.S.</i>	Zip <i>32773</i>	Country <i>U.S.</i>
6. Name and Address of Current Registered Agent TUBAUGH, TOMMY T 213 JUSTIN WAY SANFORD, FL 32773		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code <i></i>	

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 *Junior T Tubaugh* DATE *4/29/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM TUBAUGH, TOMMY T 213 JUSTIN WAY SANFORD, FL 32773	<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
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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.

SIGNATURE: *Junior T Tubaugh* 407-398-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

4/29/06