

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000011987 1. Entity Name T.T PRO TILE, LLC					
Principal Place of Business 213 JUSTIN WAY SANFORD, FL 32773			Mailing Address 213 JUSTIN WAY SANFORD, FL 32773		
2. Principal Place of Business 213 Justin way <small>Suite, Apt. #, etc.</small>		3. Mailing Address 213 Justin way <small>Suite, Apt. #, etc.</small>			
City & State Sanford, FL <small>Zip</small> 32773 <small>Country</small> U.S.		City & State Sanford, FL <small>Zip</small> 32773 <small>Country</small> U.S.		4. FEI Number 202268157	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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 <u>Tommy T Tubaugh</u> <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM TUBAUGH, TOMMY T 213 JUSTIN WAY SANFORD, FL 32773	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<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: <u>Tommy T Tubaugh</u> <u>4/29/06</u> <u>407-398-3199</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					