


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90051 038 ****50.00

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|--|--|---|--|---|---|
| DOCUMENT # L05000015241 1. Entity Name B. D. S. TILE & MARBLE LLC | | | |  | |
| Principal Place of Business 2760 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086 | | | Mailing Address 2760 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 168 Bilbao Dr. | | | |
| City & State | | City & State St Augustine FL | | 4. FEI Number 20-233611 | |
| Zip 32086 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STRATTON, BRANDON D 2760 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STRATTON, BRANDON D 2760 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 8-30-06 (90A) 814-2121 <small>Date Daytime Phone #</small> | |