

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2006 90030 035 ****50.00

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DOCUMENT # L05000018571					
1. Entity Name NICHOLAS G SEARS CUSTOM STONE AND TILE LLC					
Principal Place of Business 367 OTTUMWA AVE FORT MYERS, FL 33905 US			Mailing Address 367 OTTUMWA AVE FORT MYERS, FL 33905 US		
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 03222006 Chg-LLC CR2E083 (11/05) <i>84-1687954</i>	
6. Name and Address of Current Registered Agent SEARS, NICHOLAS G 367 OTTUMWA AVE FORT MYERS, FL 33905				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>MGRM</i>	
STREET ADDRESS			STREET ADDRESS	<i>Nicholas G Sears</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>367 Ottumwa Ave</i>	
				<i>Fort Myers FL 33905</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Nicholas G Sears</i>			Date: <i>4-27-06 (239-693-6303)</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		