

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025340

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** DIAMOND PRECISION TILE L.L.C.

**Current Principal Place of Business:**

1125 CARISSA DR.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10141  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 26-6514459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALDRON, ROGER T  
227 WESTMINSTER DRIVE  
TALLAHASSEE, FL 32304      US

**Name and Address of New Registered Agent:**

WALDRON, ROGER T  
1125 CARISSA DR  
TALLAHASSEE, FL 32308      US

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.

SIGNATURE: ROGER TIMOTHY WALDRON

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WALDRON, TIM  
Address: 227 WESTMINSTER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES:**

Title: OWN      (X) Change      ( ) Addition  
Name: WALDRON, ROGER T  
Address: 1125 CARISSA DR  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROGER TIMOTHY WALDRON

OWN

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date