JAN-04-2006 15:50

ANNUAL REPORT



FILED
Jan 17, 2006 8:00 am
Secretary of State

DOCUMENT # L05000031119 1. Entity Name JORG'S GERMAN TILING SERVICE, L.L.C.							~	01-17-2006 9	-	****55.00		
Principal Place of Business 347 GOLDEN SANDS DRIVE, UNIT B SARASOTA, FL 34232-1532 Brace				ddress Box 10871 Jenton, FL 34282								
2. Principal Place of Business			3. Malling Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042006	Chg-LLC	CR2E	083 (11/05)		
City & State			City & State			•	1. FEI Numbe 43-2	091956		Not	Applicable	
Zip			Zip Coun		ntry			of Status Desired		\$5.00 Addi Fee Required	tional	
	6. Name s	nd Address of Current F	legistered Agent		 	7	. Name and	Address of New	Registered	Agent		
	-1000 -				Name	LEFI	ELER.	JORG-			}	
LEFFLER, JORG 4801 66TH STREET WEST, NO. 914-B BRADENTON, FL 34210					Street Address (P.O. Box Num			er is Not Acceptab				
BRADENTON, FL 34210					4401602 St. W. # 1414-B							
					I CITY BE	ADEN	ADENTON FL Zip Code 34210					
8. The above the obligat	named entity s ions of register	submits this statement for red agent.	the purpose of changing its	s register	ed office or	registered	agent, or bot	h, in the State of F	lorida. I am	familiar with, a	and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent a	nd title if applicable. {NO	IE: Registers	ed Agent signatu	re required wi	en reinstating)		DATE			
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FI	iling Fee is ue by May	\$50.00 1, 2006								payable to nent of State		
F1 D	iling Fee is ue by May	MANAGING MEMBE	RS/MANAGERS	10.				Florid		nent of State		
	lling Fee is ue by May		RS/MANAGERS	10.	£	MYR		ADDITION:	la Departn	nent of State	Addition	
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9. ITILE	MGR LEFFLER, 4601 66TH	MANAGING MEMBE	☐ Delete	TITE NAM STR	£	LEFFI	er, Jor Guest	Florid	IA Departm	nent of State		
9. TITLE NAME STREET ADDRESS	MGR LEFFLER, 4601 66TH	JORG STREET WEST, NO.	☐ Delete	TITE NAM STR CIT	LE ME REET ADDRESS Y-ST-ZIP	LEFFI	er, Jor Guest	ADDITIONS	IA Departm	nent of State		
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Interesty certify that the information supplied with this minity aces for quality for the exemptions contained in chapter 115, Fronta Statindicated 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

01-06-06 941-524-8566