
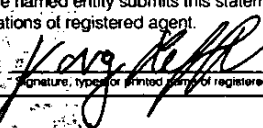
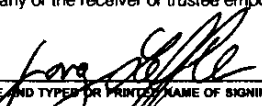


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90043 005 ***138.75

DOCUMENT # L05000031119					
1. Entity Name JORG'S GERMAN TILING SERVICE, L.L.C.					
Principal Place of Business 347 GOLDEN SANDS DRIVE, UNIT B SARASOTA, FL 34232-1532			Mailing Address PO BOX 10871 BRADENTON, FL 34282		
2. Principal Place of Business - No P.O. Box # 5714 52nd Ave W.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRADENTON, FL		City & State		4. FEI Number 43-2091956	
Zip 34210		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFFLER, JORG 4601 66TH STREET WEST #1414-B BRADENTON, FL 34210			7. Name and Address of New Registered Agent Name LEFFLER, JORG Street Address (P.O. Box Number is Not Acceptable) 5714 52nd Ave West City BRADENTON FL Zip Code 34210		
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  Jorg Leffler DATE 1-10-08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFFLER, JORG 4601 66TH ST.W. #1414-B BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFFLER, JORG 5714 52 nd AVE West BRADENTON, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  Jorg Leffler			DATE: 1-10-08 DAYTIME PHONE: 941-524-8566		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					