

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051679

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** DAVID M. CHANDLER TILE LLC

**Current Principal Place of Business:**

108 ORCHID BLVD.  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

108 ORCHID BLVD.  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CHANDLER, DAVID M  
135 NIEMIRA AVE.  
APT W  
INDIALANTIC, FL 32903 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHANDLER, DAVID M  
Address: 135NIEMIRA AVE  
City-St-Zip: INDIALANTIC, FL 32903 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHANDLER, DAVID M  
Address: 108 ORCHID BLVD.  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID M. CHANDLER

MGR

04/30/2007

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