2007 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT Mar 22, 2007 08:00 A DOCUMENT # L05000054582 Secretary of State GENERATIONS TILE & MARBLE, LLC Principal Place of Business Mailing Address 928 LONGSHADOW ROAD 928 LONGSHADOW ROAD SOUTH DAYTONA, FL 32119 SOUTH DAYTONA, FL 32119 03192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0569140 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUTCHINSON, RONALD M DO NOT WRITE 928 LONGSHADOW ROAD SOUTH DAYTONA, FL 32119 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algneture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGR

NAME STREET ADDRESS CITY-ST-ZIP	HUTCHINSON, RONALD M 928 LONGSHADOW ROAD SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000675393 03/30/07-80016-013 50.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

11.	I hereby certify	that the information	supplied with	his filipe do	oes not qualify for the everyntions contained in Chanter 119, Florida S	tatutae further certify that the information
	indicated on thi	s report is true and	accurate and t	at my sign	pes not quality for the exemptions contained in Chapter 119, Florida S nation shall have the same legal effect as if made under eath; that I a type execute this report as required by Chapter 608, Florida Statutes.	m a managing member of manager of the
	limited liability of	company or the rec	eiver or trustee	CONCRETE O	as execute this report as required by Chapter 608. Florida Statutes	in a managing member of manager of the
			~		A Commence of the contract of	

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IG MEMBER, OR AUTHORIZED REPRESENTATIVE

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