

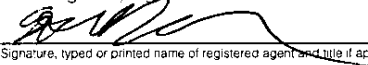



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90132 024 ****55.00

DOCUMENT # L05000094112 1. Entity Name DEGREGORIO STONE AND TILE, LLC					
Principal Place of Business 237 PALMETTO DR SAINT AUGUSTINE, FL 32095			Mailing Address 237 PALMETTO DR SAINT AUGUSTINE, FL 32095		
2. Principal Place of Business 141 Brainard Dr. Suite, Apt. #, etc. A		3. Mailing Address 141 Brainard Dr. Suite, Apt. #, etc. A			
City & State St. Augustine, Florida Zip 32086		City & State St. Augustine, Florida Zip 32086		4. FEI Number 20-3525449	
Country St. Johns		Country St. Johns		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEGREGORIO, JOSEPH 237 PALMETTO DR SAINT AUGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name Steven Robert Perdue Street Address (P.O. Box Number is Not Acceptable) 141-A Brainard Drive City St. Augustine FL Zip Code 32086	
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  (NOTE: Registered Agent signature required when reinstating) DATE 01-19-06					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGREGORIO, JOSEPH 237 PALMETTO DR SAINT AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALZER, DANIEL JOHN 237 PALMETTO DR SAINT AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERDUE, STEVEN ROBERT 400 E GALVEZ LANE APT #205 SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Perdue, Steven Robert 141 Brainard Dr. - Apt. A St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: 				Date 01-19-06 Daytime Phone # (904) 669-5630	