FILED
Aug 24, 2006 8:00 am
Secretary of State
08-14-2006 90123 044 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000109964

1. Entity Name
ACROPOLIS MARBLE & TILE RESTORATION, LLC

Principal Place of Business	Mailing Address
6292 D'ORSAY COURT DELRAY BEACH, FL 33484	6292 D'ORSAY COURT DELRAY BEACH, FL 33484

08082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
6401 Congress Ave	6401 Congress Ave.
Suite, Apt. #, etc. #205	Suite, Apt. #, etc. Suite #205
City & State: Boca Raton, FL	City & State: Boca Raton FL
Zip: 33487 Country: Palm Bch	Zip: 33487 Country: Palm Bch

4. FEI Number: 20-4223495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, WILLIAM T
BRINKLEY MCNERNEY MORGAN SOLOMON & TATUM
200 EAST LAS OLAS BOULEVARD, SUITE 200
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Jill A. Scott
Street Address (P.O. Box Number is Not Acceptable): 6401 Congress Ave Suite 205
City: Boca Raton FL Zip Code: 33487

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] Jill A. Scott, Manager 8/8/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jill A Scott, Manager 6292 D'orsay Ct. Delray Bch, FL 33484	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rita Dobbelaer 829 Camino Gardens Ln. Manager - Boca Raton 33432	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature], Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #